

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TENNESSEE**

NATIONAL BOARD OF MEDICAL EXAMINERS <i>et al.</i>,)	
)	
)	
Plaintiffs,)	
v.)	Civil Action No. 09-1043-JDB
)	
OPTIMA UNIVERSITY LLC <i>et al.</i>,)	
)	
Defendants.)	
)	

DECLARATION OF STEVEN HAIST

I, Steven Haist, hereby state as follows:

1. My name is Steven Haist. I am more than twenty-one (21) years of age and, unless otherwise noted, I have personal knowledge of the facts stated herein.
2. I am employed by the National Board of Medical Examiners (“NBME”) as Associate Vice President, Test Development Services.
3. The information provided in this declaration is based upon information known to me personally or provided to me by individuals who are also employed by NBME.
4. As part of my job responsibilities, I personally compared materials that were obtained from Optima University LLC and Eihab Suliman with (a) copyrighted questions from the item bank for the United States Medical Licensing Examination (“USMLE”); (b) copyrighted questions that USMLE makes available as practice materials to prospective examinees; and (c) copyrighted questions that NBME makes available for purchase by examinees for purposes of self-assessment. I also supervised

other employees of NBME who assisted in making such comparisons. NBME obtained the Optima materials from our outside counsel, who obtained the Optima materials during or in conjunction with visits made by our counsel to Optima's offices in McKenzie, Tennessee with US Marshals pursuant to an impoundment order issued by the Court.

5. NBME personnel found questions in the Optima materials that are substantially similar, and in many cases identical, to copyrighted USMLE questions.

6. Some of the infringing questions are in the form of handwritten notes that reconstruct secure test questions from an actual USMLE examination. *See Ex. 1 hereto* (containing true and correct copies of representative samples of this type of infringing content located in the Optima materials). Other infringing materials are typed questions that are virtually verbatim to secure USMLE questions. *See Ex. 2* (containing true and correct copies of representative samples of this type of infringing content located in the Optima materials). Still other infringing materials consist of computer screen shots from actual USMLE examinations. *See Ex. 3 hereto* (containing true and correct copies of representative samples of this type of infringing content located in the Optima materials).

7. Attached at Ex 4 hereto is a representative side-by-side comparison that we prepared, pairing infringing questions that we found in Optima's materials to the corresponding secure copyrighted USMLE questions.

8. We have also found in the Optima materials other copyrighted questions, including many from the copyrighted Comprehensive Basic Science Self-Assessment that is available to prospective examinees for purchase through the NBME website

(www.nbme.org). True and correct copies of representative examples of these questions taken from the Optima materials are attached as Ex. 5 hereto.

9. The USMLE questions, practice materials and the self-assessment materials that we have identified as having been infringed by Optima had been registered on behalf of the NBME and/or FSMB for copyright protection with the U.S. Copyright Office. Optima infringed a total of 16 copyrighted works. Each of the following copyright registration certificates reflects a copyrighted work that contains one or more questions that were infringed by Optima: TXu 1-256-037; TX 6-845-880; TXu 1-192-927; TXu 1-256-036; TX 6-468-136; TX 6-845-857; TX 6-419-276; TXu 1-256-031; TXu 1-256-030; TXu 1-256-025; TXu 953-854; TXu 1-111-542; TX 5-021-440; TXu 928-261; TX 4-838-008; TX 4-958-938. True and correct copies of these certificates are attached hereto as Ex. 6.

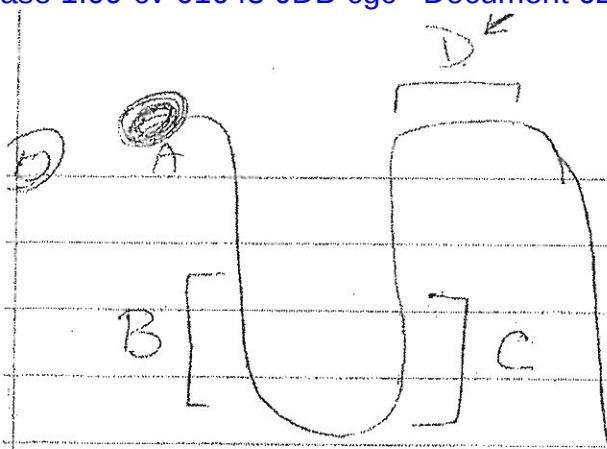
I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 05/11, 2011.



Steven Haist

EXHIBIT 1

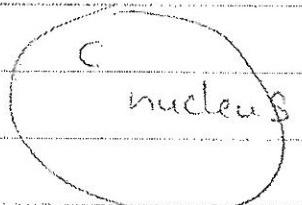


Which part of the nephron is a hypotonic solution?

- D I think they were asking about insulin hormone? Where does it work on?

A

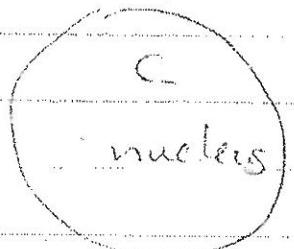
B

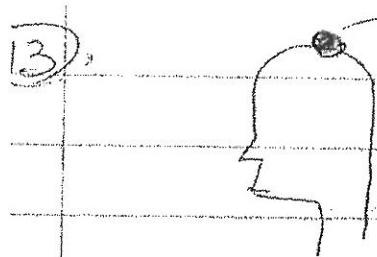


- D Hormone question and dealt with insulin and mentioned something about ATP.

A

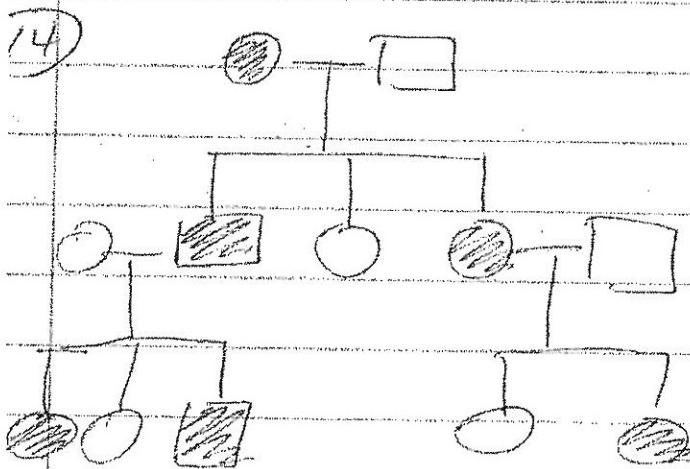
B





What's the cause?

- a) Capillary angioma
- b) Neurofibromatosis



What does the Pedigree represent?

-
- a) Autosomal dominant
 - b) Autosomal Recessive
 - c) X-linked Dominant
 - d) X-linked Recessive

(5) Patient is 3 month old & has cataract and hepatomegaly. What is enzyme deficient at?



⑥ 3 month old baby gave electrophoresis of blood

HgC HgS HgA

father

mother

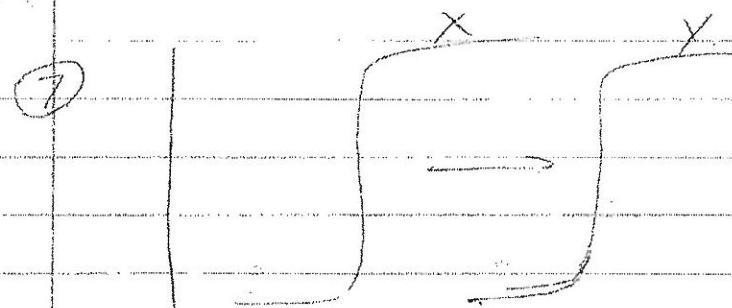
baby

↳ And asked what does the baby have?

don't

remember

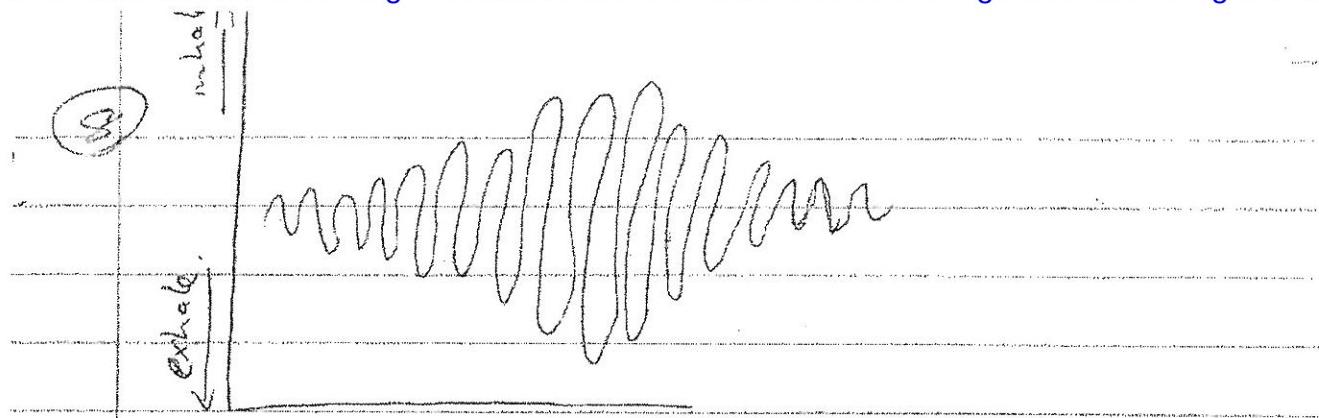
options



If a drug shifts the graph

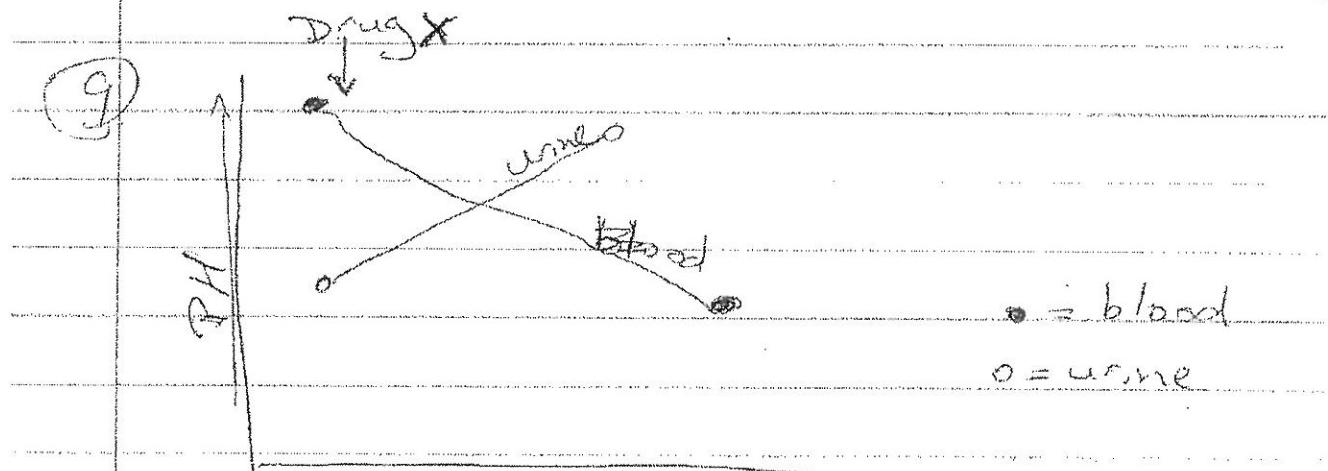
from $X \rightarrow Y$, what will cause?

- a) $\uparrow k_m$
- b) $\downarrow k_m$
- c) $\uparrow V_{max}$
- d) $\downarrow V_{max}$



Question dealing with someone breathing
and asking What's Problem?

- a) Obstruction
- b) Narcolepsy
- c) Sleep apnea



What is the drug hardnese affects?

-
- a) Acetazolamide
 - b) Flurosimide
 - c) Thiazide

Value is 75%. Which of following tables corresponds to that?

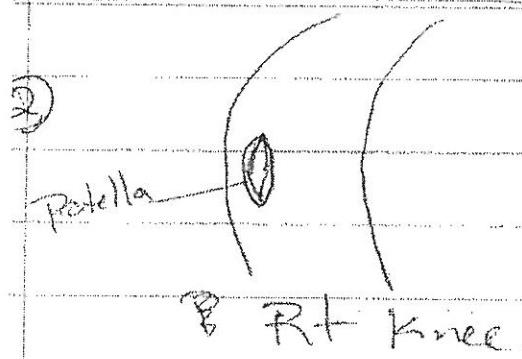
	(+)	(-)	(?)
(+)	50	50	
(-)	25	75	

a)

b)

c)

d)



Picture of Patella bone

It is shifted to the Right

What caused the to be

in that positions?

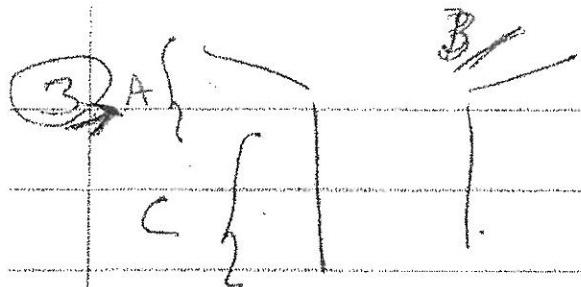
Rt Knee.

⇒ a) Rectus femoris

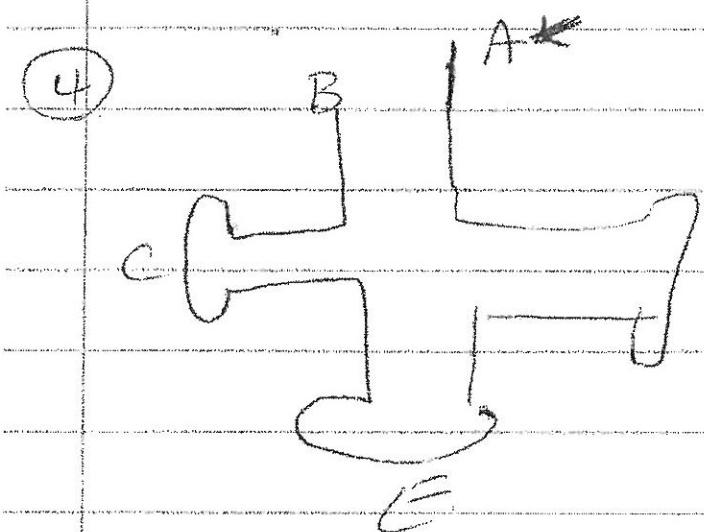
b) Semimembranosus

c) Semitendinosus

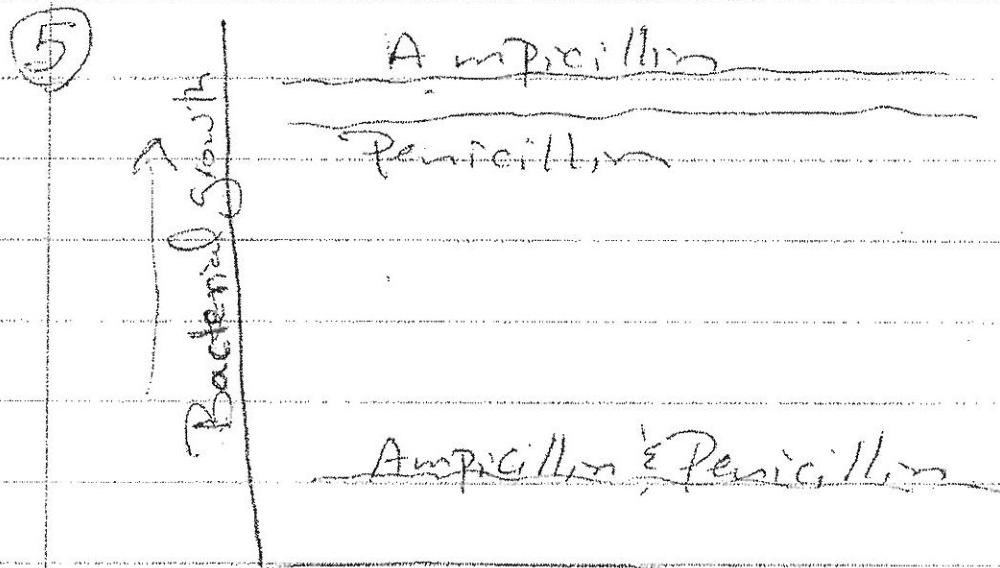
d) Anterior tibial artery



They asked where the
hydroxylable part occur
at?



Where is binding site
of amino acid?



Ampicillin & Penicillin together is what?

- a) Synergy
b) Additive

b) Positive Predictive Value is 50% & Negative Predictive Value is 75%. Which of following tables corresponds to that?

	D	D+
Test	50	50
	D-	D+
	25	75

a)

	D	D+
Test	50	50
	D-	D+
	25	75

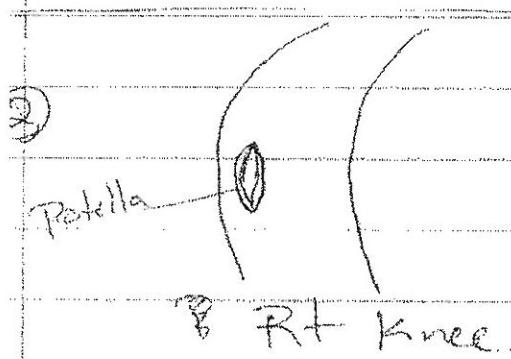
b)

	D	D+
Test	50	50
	D-	D+
	25	75

c)

	D	D+
Test	50	50
	D-	D+
	25	75

d)



Rt knee.

Picture of Patella bone
it is shifted to the Right

What caused the to be
in that position?

- ⇒ a) Rectus femoris
- b) Semimembranosus
- c) Semitendinosus
- d) Anterior Tibial Artery

EXHIBIT 2

Seized document: Optima-EXT1\F\Suliman backup 2\vaio\Embryology Q's unhighlighted.doc

Secure USMLE Material



3-6-48 EMBRYO
The cloaca is partitioned into an anterior primitive urogenital sinus and posterior rectum by the action of the urorectal septum, a structure formed by a superior Toulouse fold and two inferior Rathke folds. Failure of all of these folds to form would most likely result in which of the following anomalies?

- a) Rectoprosthetic
- b) Rectourethral
- c) Rectovaginal
- d) Rectovesical



Seized Document: Optima-EXT1\F\Suliman backup 2\vaio\ANATOMY Q's unhighlighted.doc

Secure USMLE Material

5-7-17)
A 45-year-old nulliparous woman has galactorrhea and bitemporal hemianopia. If the neoplasm causing these symptoms has invaded adjacent bone, which of the following sinuses is most likely to be affected first?

- a) Anterior ethmoidal
- b) Frontal
- c) Maxillary
- d) Middle ethmoidal
- e) Sphenoidal

Hem: 1 of 1 Mark Previous Next

A 45-year-old nulliparous woman has galactorrhea and bitemporal hemianopia. If the neoplasm causing these symptoms has invaded adjacent bone, which of the following sinuses is most likely to be affected first?

- A. Anterior ethmoidal
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- C. Maxillary
- D. Middle ethmoidal
- E. Sphenoidal

Lab values Notes Calculate



Seized document: Optima-EXT1/F/Sulman backup 2/vaio/All Qs 1-8 highlighted R 12-19-2006.doc

Secure USMLE Material

Item: 1 of 1 □ Mark
Block: 1 of 1

Prev Next Lab values Notes Calculator

A previously healthy 32-year-old man comes to the emergency department because of a 3-week history of awakening in the middle of the night because of chest pain, palpitations, sweating, trembling, dizziness, paresthesias, a feeling of choking, and feelings of unreality. This is his third visit in the past year for similar episodes. He tells the physician he is afraid that he is going to die. Physical examination and laboratory studies show no abnormalities. Which of the following is the most appropriate initial pharmacologic therapy?

- 5.2-11)
- A previously healthy 32-year-old man comes to the emergency department because of a 3-week history of awakening in the middle of the night because of chest pain, palpitations, sweating, trembling, dizziness, paresthesias, a feeling of choking, and feelings of unreality. This is his third visit in the past year for similar episodes. He tells the physician he is afraid that he is going to die. Physical examination and laboratory studies show no abnormalities. Which of the following is the most appropriate initial pharmacologic therapy?
- a) Alprazolam
b) Atenolol
c) Chloral hydrate
d) Methylphenidate
e) Thioridazine

Block Time Remaining: until end
Date Time Interval: 0 1 2 3 4 5 6
Left
In a Block

Seized document: Optima-EXT1/F/Suliman backup 2/vaio/All_Qs 1-8 highlighted R 12-19-2006.doc

Secure USMLE Material

7-1-23)Physio
A 16 year old girl is brought to the physician by her mother because she has never had a menstrual period. Physical examination shows an enlarged clitoris and partially fused labia, which, according to her mother, have been present since birth. Which of the following sets of serum electrolyte concentrations is most likely in this patient?

- | | | |
|----|----------|---------|
| a) | Na
up | K
up |
| b) | up | down |
| c) | Normal | Normal |
| d) | down | up |
| e) | down | down |

Item: 1 of 1 Block: 1 of 1 Mark Previous Next Lab Values Notes Calculator

A 16-year-old girl is brought to the physician by her mother because she has never had a menstrual period. Physical examination shows an enlarged clitoris and partially fused labia, which, according to her mother, have been present since birth. Which of the following sets of serum electrolyte concentrations is most likely in this patient?

C A	Na ⁺	K ⁺
C B	↑	↑
C C	↑	↑
C D	Normal	normal
C E	↓	↓



Seized document: Optima-EXT1/F/Sullivan backup 2/vaio/All Qs 1-8 highlighted R 12-19-2006.doc

Secure USMLE Material

3-2-3) PHARMO

A 55-year-old man with small cell carcinoma of the lungs is scheduled to undergo combination chemotherapy with etoposide and cisplatin. Which of the following best describes the cytotoxic mechanisms of these drugs?

Etoposide

a)DNA gyrase inhibitor

b)microtubule stabilizer

c)ribonucleotide reductase inactivator

d)thymidylate synthetase inhibitor

e)topoisomerase II inhibitor

Cisplatin

glutamine 5-phosphoribosylpyrophosphate

aminotransferase inhibitor

intrinsic acid dehydrogenase inhibitor

free radical generator

DNA polymerase inhibitor

DNA crosslinking agent

A 55-year-old man with small cell carcinoma of the lungs is scheduled to undergo combination chemotherapy with etoposide and cisplatin. Which of the following best describes the cytotoxic mechanisms of these drugs?

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D. Thymidylate synthetase inhibitor

E. Topoisomerase II inhibitor

Cisplatin

glutamine 5-phosphoribosylpyrophosphate aminotransferase inhibitor

intrinsic acid dehydrogenase inhibitor

free radical generator

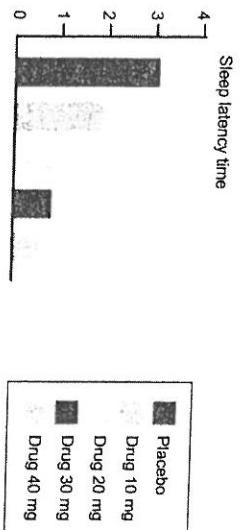
DNA polymerase inhibitor

DNA crosslinking agent



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How can a question be asked

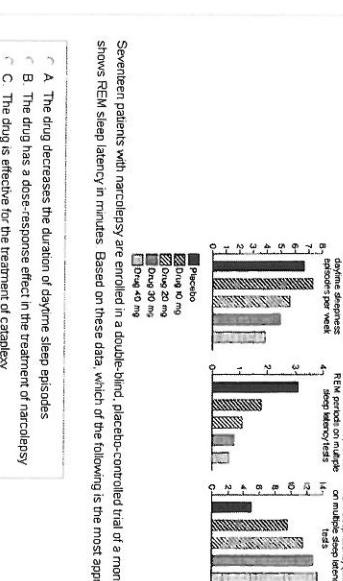


controlled trial of a monoamine oxidase-B inhibitor. The figure shows REM sleep latency in minutes. Based on these data, which of the following is the most appropriate conclusion?

- A The drug decreases the duration of daytime sleep episodes
 - B The drug has a dose response effect in the treatment of narcolepsy
 - C The drug is effective for the treatment of cataplexy
 - D The drug ineffective for the treatment of narcolepsy

shows REM sleep latency in minutes. Based on these data, which of the following is the most appropriate conclusion?

- A. The drug decreases the duration of daytime sleep episodes
 - B. The drug has a dose-response effect in the treatment of narcolepsy
 - C. The drug is effective for the treatment of cataplexy
 - D. The drug is ineffective for the treatment of narcolepsy



Secure USMLE Material

EXHIBIT 3

NBME v. Optima

**Electronically Stored Documents Retrieved During
Initial Impoundment**

**File Source: Optima-EXT1\F\Suliman backup
2\vaio\r.doc**

File and Folder Tasks						
Address E:\Optima-EXT1\F\suliman backup 2\vaio						
	Name	Size	Type	Date Modified	Duration	Dimensions
Rename this file	temp ethics-psych-bs	7.11 KB	File/Folder	03/02/2009 6:09 PM		
Move this file	1-2-45).jpg	10,239 KB	JPEG Image	11/22/2007 1:35 PM		2125 x 2
Copy this file	9 exam.doc	20 KB	Microsoft Word Document	06/21/2007 1:47 PM		
Publish this file to the Web	add to molecular bio.doc	9,044 KB	Microsoft Word Document	12/14/2006 4:55 PM		
E-mail this file	ALL EXPLANATIONS 1-8 R 12-19-2006.doc	13,811 KB	Microsoft Word Document	06/23/2007 5:30 PM		
Print this file	All Qs 1-8 highlighted R 12-19-2006.doc	13,814 KB	Microsoft Word Document	05/25/2007 7:39 PM		
Delete this file	ALL Q5- 1-8 R 12-19-2006.doc	70 KB	Microsoft Word Document	05/30/2007 5:30 PM		
Details	ANATOMY Q's unhighlighted.doc	199 KB	Microsoft Word Document	04/03/2007 3:37 PM		
Details	ANATOMY Q's.doc	187 KB	Microsoft Word Document	12/07/2006 1:56 PM		
Details	answered qs.doc	794 KB	Microsoft Word Document	04/04/2007 11:55 AM		
Details	biostat 2 .html	4 KB	HTML Document	04/01/2007 3:44 PM		
Details	DrawingsAdd-on_05-08-2007.pdf	360 KB	Adobe Acrobat Document	08/11/2007 10:42 AM		
Details	Embryology expl.doc	30 KB	Microsoft Word Document	12/08/2006 3:19 PM		
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Details	psych 2 .wmv	5,903 KB	Windows Media Audio/Video file	01/01/2007 8:04 PM	0:06:13	1280 x 11
Details	questions need to be done.doc	1,009 KB	Microsoft Word Document	08/02/2007 10:14 PM		
Details	unanswered_03-05-2007-.pdf	44,463 KB	Microsoft Word Document	06/23/2007 3:15 PM		
Details	unanswered_03-05-2007-.pdf	1,652 KB	Application	12/30/2006 6:54 AM		
Details	unanswered_03-05-2007-.pdf	16,340 KB	Adobe Acrobat Document	05/09/2007 10:35 AM		

Q-9-1-1 – Phys- Renal

An investigator is performing clearance experiments to investigate the effects of Drug X on renal function. The infusion of Drug X preferentially constricts the efferent arteriole.

Which of the following changes in renal homodynamic is most likely to be observed?

	Renal plasma Flow	Glomerular Filtration Rate	Filtration Fraction
A-	↑	↑	↑
B-	↑	↑	↑
C-	↑	↓	↓
D-	↑	↓	↓
E-	↓	↑	↑
F-	↓	↑	↑
G-	↓	↓	↓
H-	↓	↓	↓

Q-9-1-2 – Path-joints

A 40-year-old woman comes to the physician because of a 6 month history of dryness of her mouth and itching and burning of her eyes. Physical examination shows inflammation of both corneas and sclera. Enlarged salivary glands, and paucity of saliva. Serum antinuclear antibody assay is positive. She is told that she is at risk for developing lymphoma.

Which of the following is the most likely mood of inheritance?

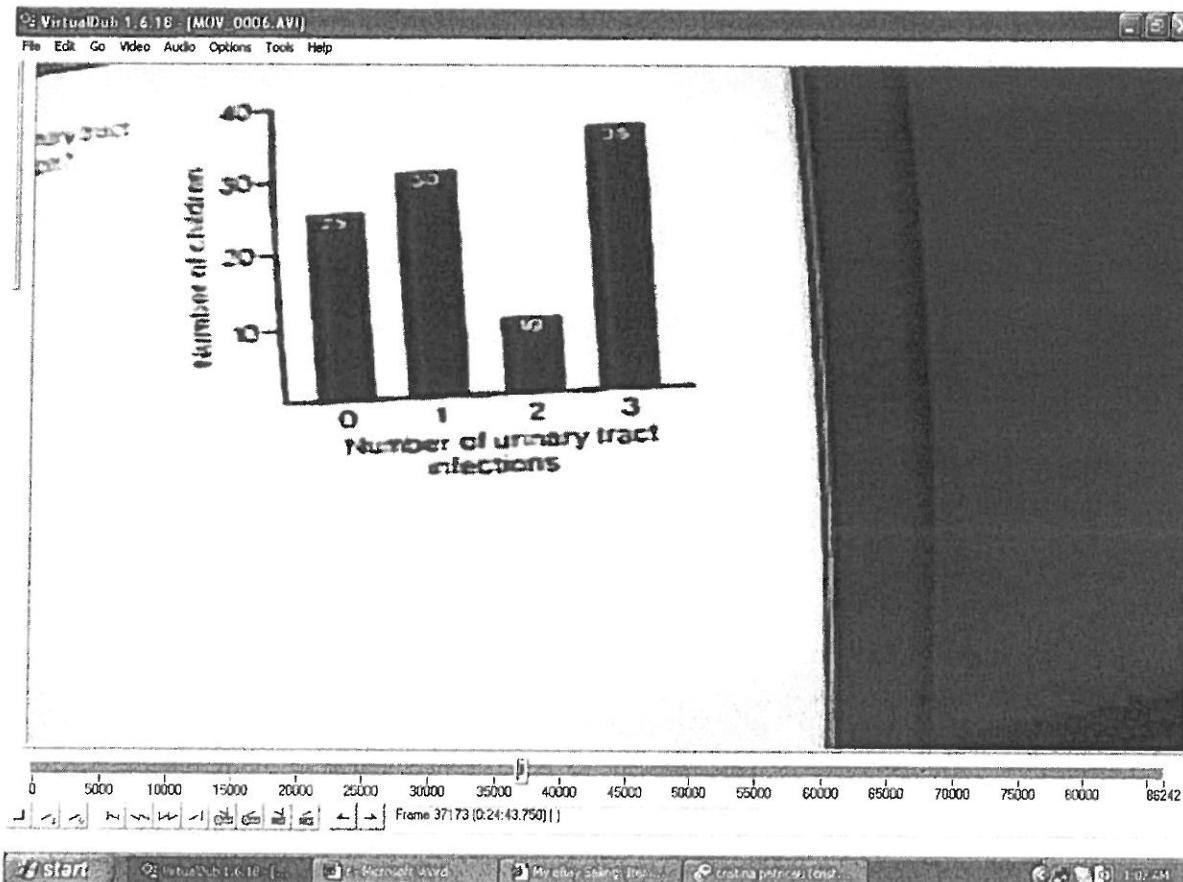
- A- Autosomal dominant
- B- Autosomal recessive
- C- X-link dominant
- D- X-link recessive
- E- Multifactorial

Q-9-1-3 - Micro

A 56-year-old woman is brought to the emergency department by her husband because of fever and shortness of breath for 2 hours. Her husband says that she also had urinary frequency and pain with urination for 2 days. She is in respiratory distress. Her temperature is 38.7C (101.7F), pulse is 120/min, respirations are 30/min and blood pressure is 80/50mmHg.

Which of the following component of the causal organism is most likely the cause of the hypotension?

- A- Flagellar H antigen
- B- Lipopolysacharide
- C- P-pilus



- A- 1
- B- 1:55
- C- 2:07
- D- Cannot be determined from this graph

Q-9-1-23

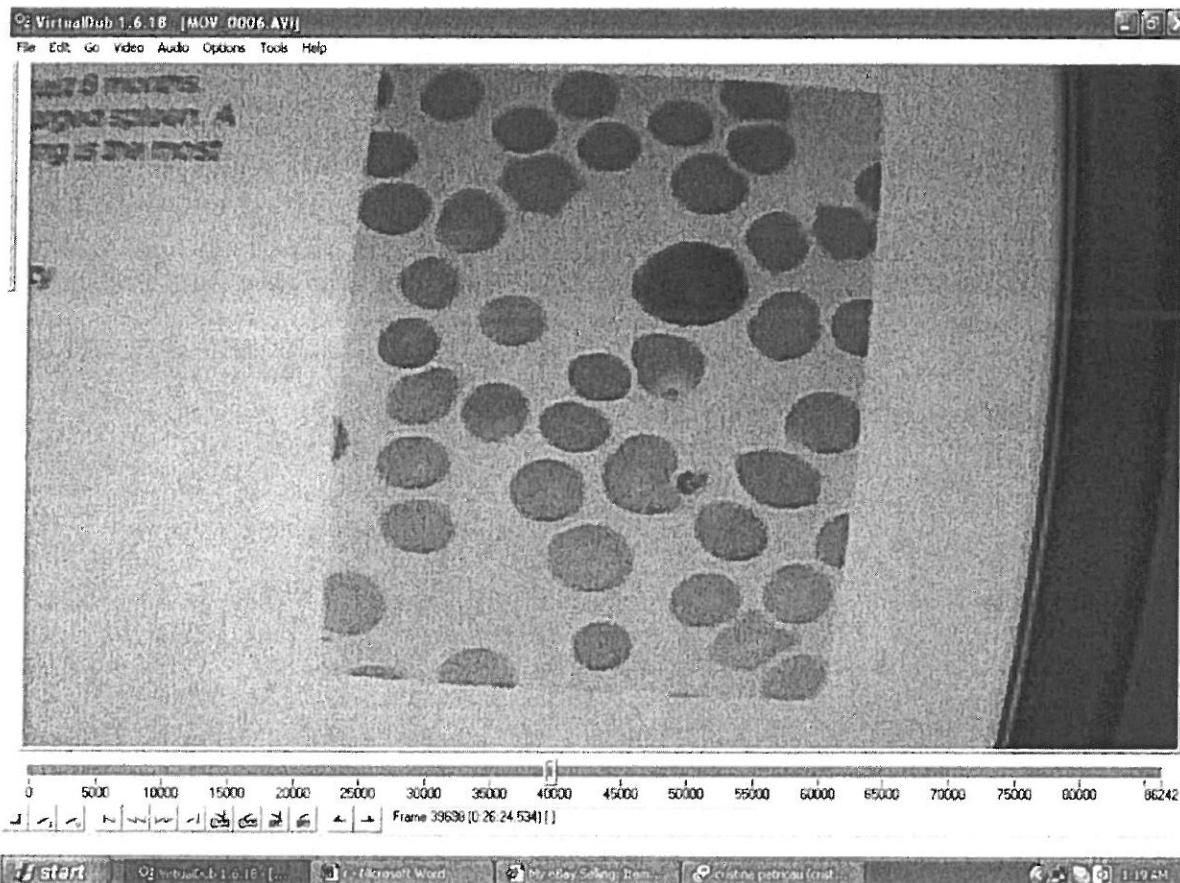
A 1 month-old girl is brought to the physician by her mother for a well-child examination. The mother says that her daughter has been irritable, cries frequently, and has had small, sporadic bowel movements since birth; she also has had intermittent vomiting. Pregnancy and delivery were uncomplicated. Cardiopulmonary examination shows no abnormalities. There is abdominal distention. Results of a barium swallow shows constriction of the second part of the duodenum.

Which of the following is the most likely diagnosis?

- A- Annular pancreas
- B- Diaphragmatic hernia
- C- Esophageal atresia
- D- Nonrotation of the gut
- E- Tracheoesophageal fistula

Q-9-1-24

A 5-year-old boy has had fatigue and pallor for the past 6 months. Examination shows pallor, jaundice, and a mildly enlarged spleen. A peripheral blood smear is shown.



Which of the following is the most likely diagnosis?

- A- Anemia of chronic disease
- B- Glucose 6-phosphate dehydrogenase deficiency
- C- Hereditary spherocytosis
- D- Iron deficiency anemia
- E- Thalassemia

Q-9-1-25

A 40-year-old man with ulcerative colitis comes to the physician with his wife because of a 1-month history of exacerbation of his condition. The patient has tried numerous medical therapies that have not resulted in the successful treatment of his disease. He has a history of mild anxiety and worries occasionally about germs and infections. The physician recommends a colectomy and explains the risks and benefits. The patient seems distressed by the thought of

EXHIBIT 4

NBME OPTIMA SECURITY REPORT (header)						
FILE #	DESCRIPTION	PAGE #	TYPE OF MATERIAL	MATCH TO STEP EXAM	STEP	OBJECT ID MEDLEY ID
						MATCH TO ORIGINAL
7	Optima-EXT1/F	140 (1-3-13)	-	Y	1	SCAY0718 MBG9512
7	Optima-EXT1/F	152 (8-5-34)	-	Y	1	SCAV2188 MBE4650
7	Optima-EXT1/F	156 (1-7-32)	-	Y	1	SCBC7436 MBL3529
7	Optima-EXT1/F	157 (1-7-22)	-	Y	1	SCAV7777 MBE9241
7	Optima-EXT1/F	170 (6-1-3)	-	Y	1	SCAB9951 MAK5125
7	Optima-EXT1/F	182 (1-6-4)	-	Y	1	SCBA4496 MBJ1810
7	Optima-EXT1/F	187 (2-6-31)	-	Y	1	SALJ8812 MAF8140
7	Optima-EXT1/F	188 (2-7-36)	-	Y	1	SCAD7634 MAN7330
7	Optima-EXT1/F	315 (1-16-17)	-	Y	1	SCAW2545 MBF3734
7	Optima-EXT1/F	379 (5-7-13)	-	Y	1	SCAU2490 MBD6233
7	Optima-EXT1/F	395 (4-2-4)	-	Y	1	SCBH2598 MBP6419

key:

Type of Material: S (study material), I (item), O (other)

Match to Step Exam: Y = yes, N = no, P = possible

Match to Original: E = exact (95%-100%), C = very close (75%-94%), S = similar (less than 75%)

CONFIDENTIAL AND PRIVILEGED (footer)

MEDLEY MBG9512

1-3-13)

A 5 year old girl is brought to the physician because of a 4-day history of fever and rash, with crops of new lesions appearing successively. Her temperature is 40 C (104 F). A photograph of the rash is shown. Which of the following best explains the appearance of the lesions in crops?



- a)Breakdown of immune responses
- b)Loss of maternal antibodies
- c)Presence of slow- and of fast-growing viruses
- d)Reactivation of latent virus
- e)Repeated cycles of virus replication

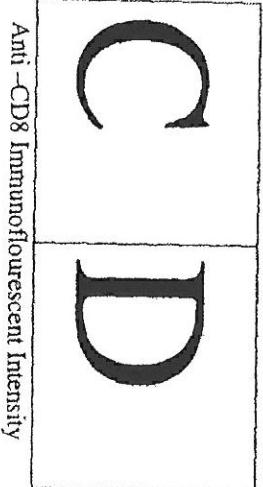
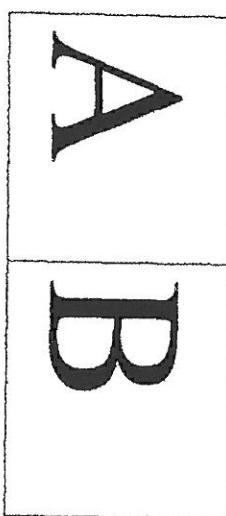
MEDLEY MBE4650

8-5-34)Immuno

Which of the following multi chain cell surface molecules, critical to immunological recognition, would be expressed on peripheral blood lymphocytes registering in quadrants A and D of the two dimensional flow cytometric histogram?

Anti CD4 Immunofluorescent

Intensity on the Y axis



- a) CD3
- b) CD11b
- c) CD14
- d) CD19
- e) CD20

See chart

MBA7642.x
MBA7672.x
MBA7712.x
MBA7780.x
MBA7782.x
MBA7817.x
MBA7855.x
MBA7868.x
MBA7936.x
MBA8028.x
MBD4457.x
MBD3845.x
MBE0493.x
MBE0498.x
MBE1862.x
MBE1877.x
MBE1953.x
MBE2006.x
MBE2042.x
MBE2093.x
MBE3274.x
MBE3322.x
MBE3370.x
MBE3442.x
MBE3477.x
MBE3482.x
MBE3511.x
MBE3738.x
MBE3781.x
MBE3799.x
MBE3865.x
MBE3904.x
MBE3950.x
MBE4239.x
MBE4315.x
MBE4450.x
MBE4501.x
MBE4528.x
MBE4566.x
MBE4571.x
MBE4777.x
MBE4977.x
MBE5093.x

Which of the following multichain cell surface molecules, critical to immunological recognition, would be expressed on peripheral blood lymphocytes registering in quadrants A and D of the two-dimensional flow cytometric histogram shown?

- A. CD3
 B. CD11b
 C. CD14
 D. CD19
 E. CD20

Anti - CD4 fluorescence intensity	
A B	
C	D
Anti - CD8 fluorescence intensity	

MEDLEY MBL3529

An un-immunized 6-year-old boy is brought to the physician because of fever, cough, runny nose, and watery eyes for 36 hours. His temperature is 38.9 C (102 F), pulse is 74/min, respirations are 20/min, and blood pressure is 110/70 mm Hg. Physical examination shows a diffuse, erythematous macular rash. A photograph of the oral mucosa is shown. This disease could have been prevented by administration of which of the following types of vaccine?



- a) Attenuated
- b) Conjugate
- c) Inactivated
- d) Polysaccharide
- e) Recombinant

1-5-18)
A newborn has microcephaly, a petechial rash, evidence of retinitis, and hepatosplenomegaly. A virus is isolated from the newborn's urine. Which of the following is the most likely type of genome in this virus?

- a) Single-stranded DNA
- b) Double-stranded DNA

<input type="checkbox"/> MBL1916	<input checked="" type="checkbox"/> MBL2371	<input type="checkbox"/> MBL2435
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Day Remaining 06/27/39 Item: MBL3529 503 of 800

Block Remaining 03:59:37

An unimmunized 6-year-old boy is brought to the physician because of fever, cough, runny nose, and watery eyes for 36 hours. His temperature is 38.9°C (102°F), pulse is 74/min, respirations are 20/min, and blood pressure is 110/70 mm Hg. Physical examination shows a diffuse, erythematous macular rash. A photograph of the oral mucosa is shown. This disease could have been prevented by administration of which of the following types of vaccine?

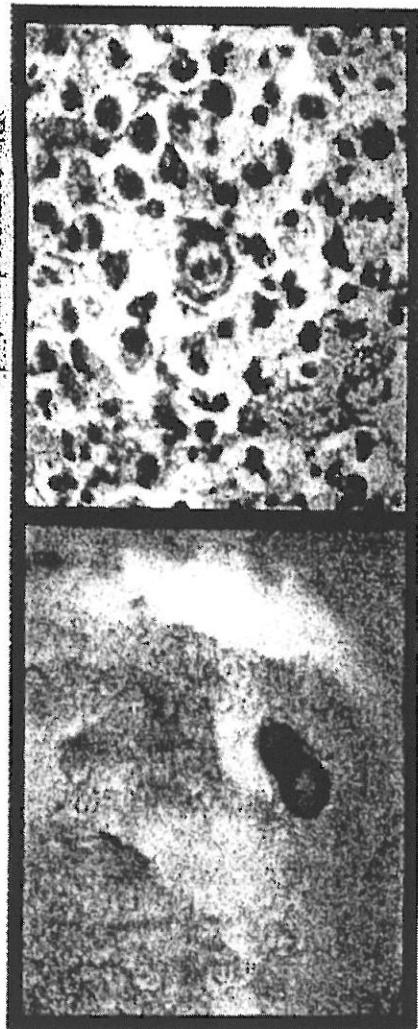
A. Attenuated
 B. Conjugate
 C. Inactivated
 D. Polysaccharide
 E. Recombinant



MEDLEY MBE9241

1-7-22)

A 38-year-old woman comes to the physician of shortness of breath fever, and productive cough for the past 10 days. She lives in Alabama and has not traveled outside the state in the past year. Her temperature is 38.3 C (101 F) and her breathing is labored. Moist crackles are heard bilaterally on chest auscultation. An x-ray of the chest shows bilateral upper lobe infiltrates. A sputum culture grows normal bacterial flora. The photomicrograph show lung tissue obtained on open lung biopsy. Treatment with broad spectrum antibacterial agents does not provide significant improvement. Which of the following is the most likely causal organism?



- a) *Blastomyces dermatitidis*
- b) *Coccidioides immitis*
- c) *Cryptococcus neoformans*
- d) *Histoplasma capsulatum*
- e) *Sporothrix schenckii*

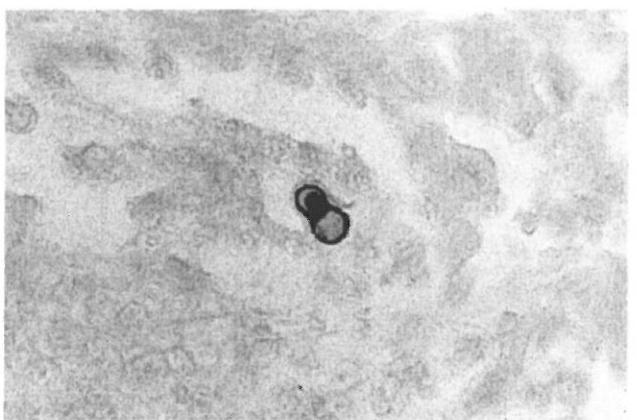
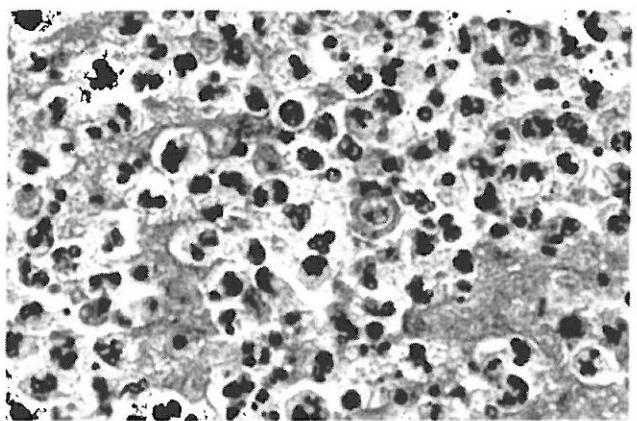
Day Remaining 08:26:28
Block Remaining 03:59:22

Item: MBE9241.xml of
525

◀ ▶ ✓ 🔍 Lab Stem

Auto

Q/C 🔍



Hematoxylin & Eosin
(400x)

Methenamine Silver
(400x)

A 38-year-old woman comes to the physician because of shortness of breath, fever, and productive cough for the past 10 days. She lives in Alabama and has not traveled outside the state in the past year. Her temperature is 38.3°C (101°F) and her breathing is labored. Moist crackles are heard bilaterally on chest auscultation. An x-ray of the chest shows bilateral upper lobe infiltrates. A sputum culture grows normal bacterial flora. The photomicrographs show lung tissue obtained on open lung biopsy. Treatment with broad-spectrum antibacterial agents does not provide significant improvement. Which of the following is the most likely causal organism?

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◀ ▶ ↻

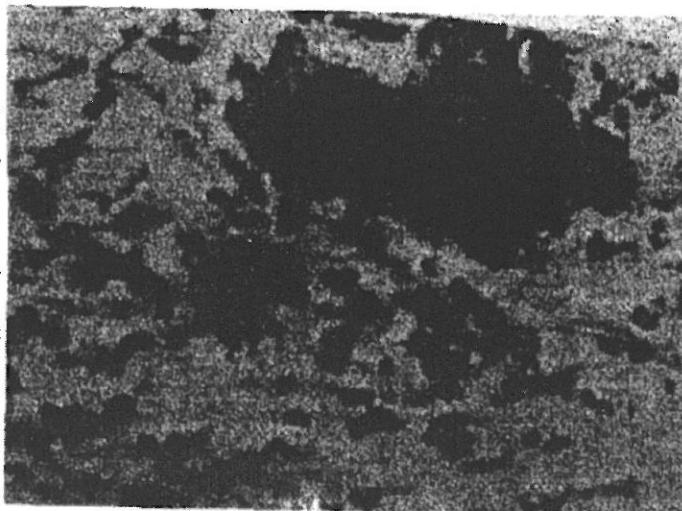
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MBE751
MBE771C
MBE784A
MBE807A
MBE922A
MBE925
MBE924
MBE948C
MBE952C
MBE957A
MBE957A
MBF0006
MBF0224
MBF0280
MBF0319
MBF0420
MBF0529
MBF0578
MBF0634
MBF0955
MBF0958
MBF1088
MBF1319
MBF1362
MBF1378
MBF1856
MBF2197
MBF2350
MBF2455
MBF2591
MBF2662
MBF2790
MBF2898
▶ ↻

MEDLEY MAK5125

5-1-3)

A homeless 48-year-old man comes to the emergency department because of lesions on the right lateral chest wall that are draining pus with tiny yellow particles. He has had a fever and a progressive severe nonproductive cough and right-sided chest pain for 3 months. Gram stain of the pus is shown. X-ray of the

chest shows a large mass in the right lower lobe of the lung and a moderate pleural effusion on the right. Which of the following is the most likely causal organism?



- a) *Actinomyces israelii*
 - b) *Entamoeba histolitica*
 - c) *Histoplasma capsulatum*
 - d) *Mycobacterium tuberculosis*
 - e) *Pneumocystis jiroveci* (formerly *P. carinii*)
- see picture

Day Remaining 08:23:01
Block Remaining 03:59:40

Item: MAK5125, 525 of



Lab

Stem

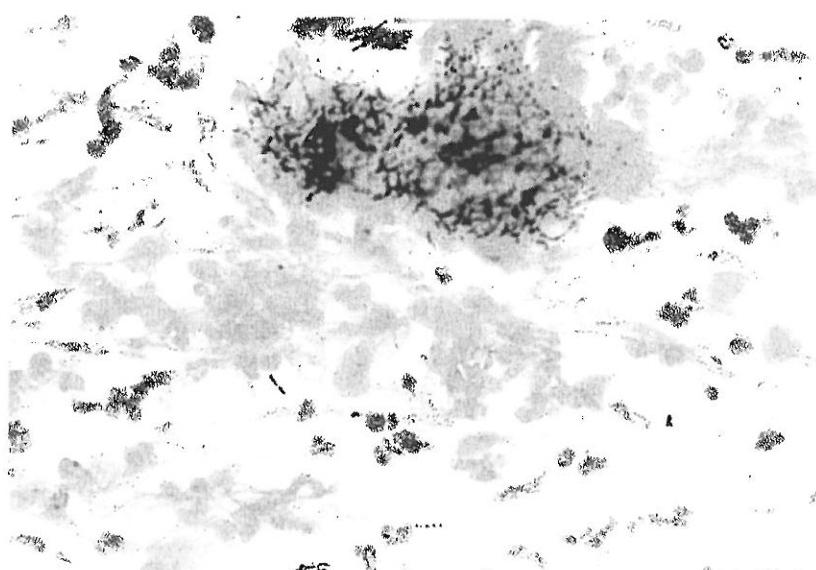
Auto



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MAI3870
MAI216
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MAK737C
MAK7441
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MAK791C
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MAK8981
MAL1045
MAL7696
MAL8305
MAL8388
MAL8659
MAL8690
MAL9170
MAL9529
MAL9546
MAL9705
MAM030:
MAM048
MAM1491
MAM0641
MAM088:
MAM134:
MAM1621
MAM3121
MAM313:
MAM336:
MAM8481
MAM888:
MAN4501
MAN595:
MAN6031
MAN6511▼

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- B. *Entamoeba histolytica*
- C. *Histoplasma capsulatum*
- D. *Mycobacterium tuberculosis*
- E. *Pneumocystis jiroveci* (formerly *P. carinii*)



MEDLEY MBJ1810

1-6-4)

During a genome project, an experimental animal is found to have a DNA sequence with similarities to a growth hormone receptor. Which of the following peptide segments shown is the transmembrane segment?

A

Ala Leu His Asp Asn Tyr Lys Pro Glu Phe Tyr Asn Asp Ser Trp Val Glu Phe Glu

Leu Thr Glu Glu Ser Asp Glu Tyr Glu Leu Asp His Gln Lys Ser Leu Gly Ala Lys Asp

B

Asp Asp Ser Gly Arg Thr Ser Cys Gly Cys Glu Ala Cys Thr Ser Leu Cys Ala Glu Leu

C

Lys His Ala Ser Lys Gly Ser Thr Arg His Thr Gly Gln Ala Asn Arg Arg Arg Lys His Leu

D

Asp Tyr Asn Asp Asp Glu Lle Asp Asp Thr Asp Glu Thr Glu Glu Ser Asp Thr

E

Leu Val Leu Ile Phe Gly Met Ile Gly Val Val Ile Val Val Leu Leu Val Leu Ile Phe

Gly Asp Glu Lys Leu Ala Leu Leu Leu Asp Gln Pro Glu Ser Leu Thr Ala Ala Ala Gly

F

Lys Ser Gly Leu Ala Glu Gln Arg Leu Ser Cys Glu Thr Ser Ile Pro Lys Asp Tyr Thr Ser

Ile Phe Leu Tyr

Pick one: a,b,c,d,e,f

	Item MBJ1310 xml id 1253	◀ ▶	<input checked="" type="checkbox"/> <input type="checkbox"/> Lab	Auto
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MBJ1174				
MBJ1254				
MBJ1343				
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MBJ1613				
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MBJ1787				
MBJ1789				
MBJ1802				
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MBJ1828				
MBJ1867				
MBJ1907				
MBJ1910				
MBJ1914				
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MBJ2969				
MBJ3047				
MBJ3063				
MBJ3076				
MBJ3156				
MBJ3169				
MBJ3171				
MBJ3175				
MBJ3219				

During a genome project, an experimental animal is found to have a DNA sequence with similarities to a growth hormone receptor. Which of the following peptide segments shown is the transmembrane segment?

A. Ala Leu His Asp Asn Tyr Lys Pro Glu Phe Tyr Asn Asp Asp Ser Thr Val Glu Phe Glu

B. Leu Thr Glu Glu Ser Asp Glu Tyr Glu Leu Asp His Glu Lys Ser Leu Gly Ala Lys Asp

C. Asp Asp Ser Gly Arg Thr Ser Cys Gly Cys Glu Ala Cys Thr Ser Leu Cys Ala Glu Leu

D. Lys His Ala Ser Lys Gly Ser Thr Arg His Thr Gly Glu Ala Asn Arg Arg Arg Lys His Leu

E. Asp Tyr Asn Asp Asp Asp Glu Ile Asp Ile Asp Asp Asp Thr Asp Glu Thr Glu Glu Ser Asp Thr

F. Leu Val Leu Ile Phe Gly Met Ile Gly Val Val Ile Val Val Leu Leu Val Leu Leu Ile Phe

Gly Asp Glu Lys Leu Ala Leu Leu Leu Asp Glu Pro Glu Ser Leu Thr Ala Ala Ala Gly

Lys Ser Gly Leu Ala Glu Gln Arg Leu Ser Cys Glu Thr Ser Ile Pro Lys Asp Tyr Thr Ser

Ile Phe Leu Tyr

A. B. C. D. E. F.

The child whose eyes are shown has had multiple long bone fractures throughout his life. He has hearing loss but his vision is normal. Which of the following is the underlying basis of this disorder?



- a)Deficiency of ceruloplasmin
- b)Deficiency homogenistic acid oxidase
- c)Deficiency of hypoxanthine guanine phosphoribosyltransferase
- d)A single amino acid substitution in procollagen
- e)Structurally abnormal fibrillin
- f)Thymidine dimers in digests of DNA

MEDLEY MAF8140

Day Remaining 06/29/29
Block Remaining 03/59/52

Item: MAF8140 xnd of



Auto

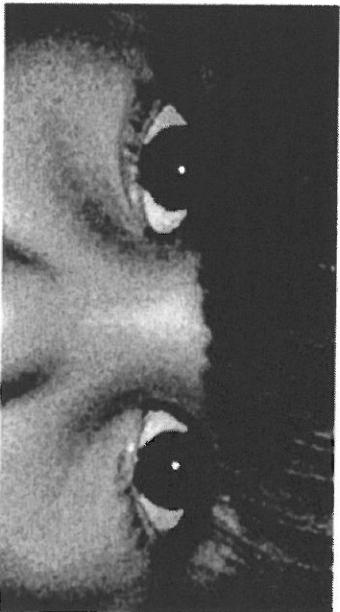


MAF2459 ▲
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MAF3541
MAF3756
MAF5024

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MAH1551
MAI1349
MAI1693
MAI1715
MAI1768
MAI2104
MAI2401
MAI3437
MAI3486
MAI3513
MAI3595

The child whose eyes are shown has had multiple long bone fractures throughout his life. He has hearing loss but his vision is normal. Which of the following is the underlying basis of this disorder?

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- ✓ B. Deficiency of homogentisic acid oxidase
- ✓ C. Deficiency of hypoxanthine guanine phosphoribosyltransferase
- ✓ D. A single amino acid substitution in procollagen
- ✓ E. Structurally abnormal fibrillin
- ✓ F. Thymidine dimers in digests of DNA



MEDLEY MAN7330

2-7-36) MOLECBIO

An 8-year-old boy has had these painless lesions on his knees and elbows for 1 year. He most likely has defect involving which of the following?



- a) Anchoring filaments
- b) Gluten metabolism
- c) **LDL receptors**
- d) Porphyrin metabolism
- e) Pyrimidine dimer repair enzymes

Day Remaining: 00:28:58
Block Remaining: 03:59:22

Item: MAM7300.xml of
450

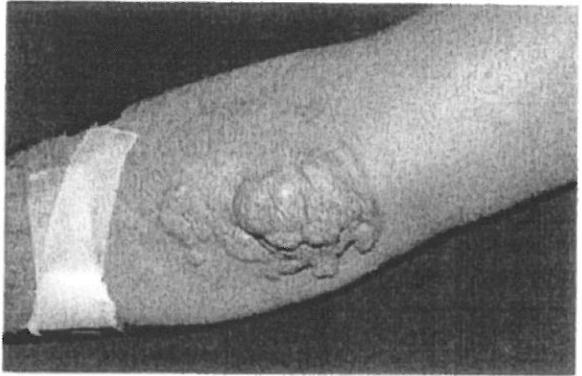


Auto



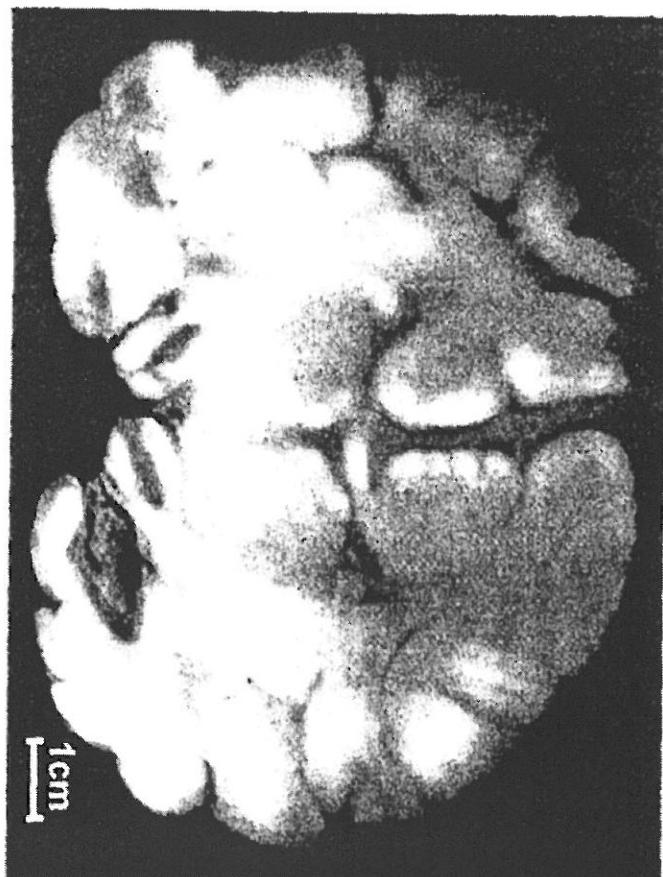
An 8-year-old boy has had these painless lesions on his knees and elbows for 1 year. He most likely has a defect involving which of the following?

- A. Anchoring filaments
- B. Gluten metabolism
- C. LDL receptors
- D. Porphyrin metabolism
- E. Pyrimidine dimer repair enzymes



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MAN6673.xn	<input type="checkbox"/>
MAN7330.xn	<input type="checkbox"/>

MEDLEY MBF3734



1-6-17)

A photograph of the brain of a 5-day-old newborn obtained at autopsy is shown. Which of the following is most closely associated with this abnormality?

- a) Chromosomal defects
- b) Congenital cardiac malformations
- c) Metabolic storage disorder
- d) Perinatal anoxia
- e) Unconjugated hyperbilirubinemia

MBE7551
MBE7710
MBE7847
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MBE9224
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MBE9241
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MBE944C
MBE9487
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Day Remaining 08:28:47
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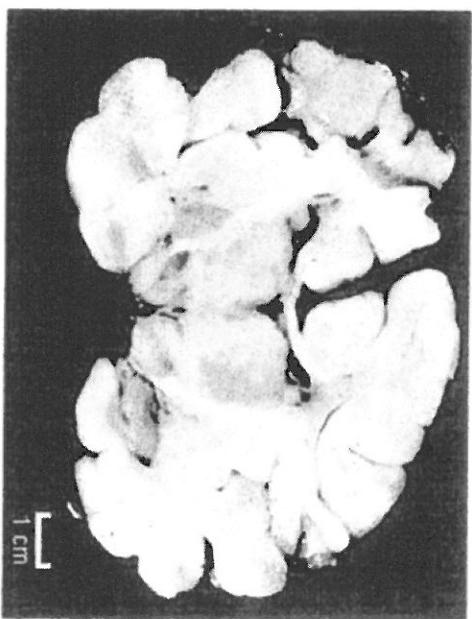
◀ ▶ ✓ 🔍 Lab Stem

Auto

0% 🔍

A photograph of the brain of a 5-day-old newborn obtained at autopsy is shown. Which of the following is most closely associated with this abnormality?

- A. Chromosomal defects
- B. Congenital cardiac malformations
- C. Metabolic storage disorder
- D. Perinatal anoxia
- E. Unconjugated hyperbilirubinemia



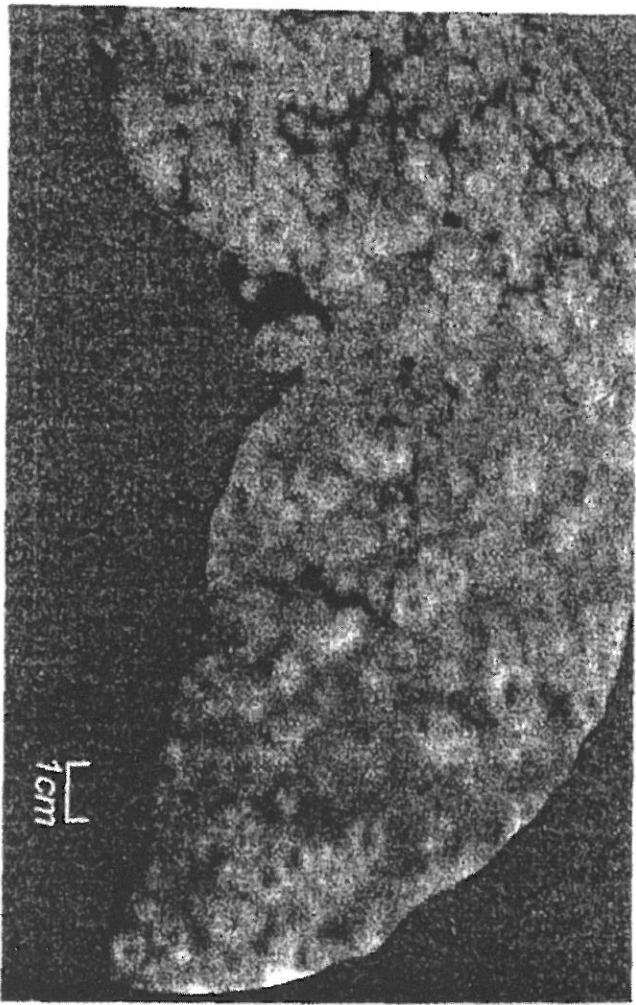
MEDLEY MBD6233

5-7-13)

The specimen shown from a 65-year-old man. Which of the following is the most likely diagnosis?

- a)Acute leukemia
- b)Colonic carcinoma
- c)Hepatic cell carcinoma
- d)Leiomyosarcoma
- e)Liposarcoma

see picture



Day Remaining 08 29 25
Block Remaining 03:59:47

Item: MBD6233.xml of
525

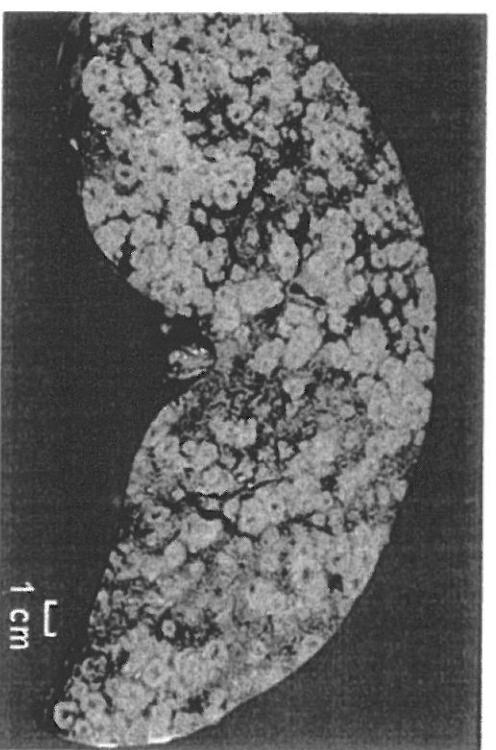


Auto

Q/C

The specimen shown is from a 65-year-old man. Which of the following is the most likely diagnosis?

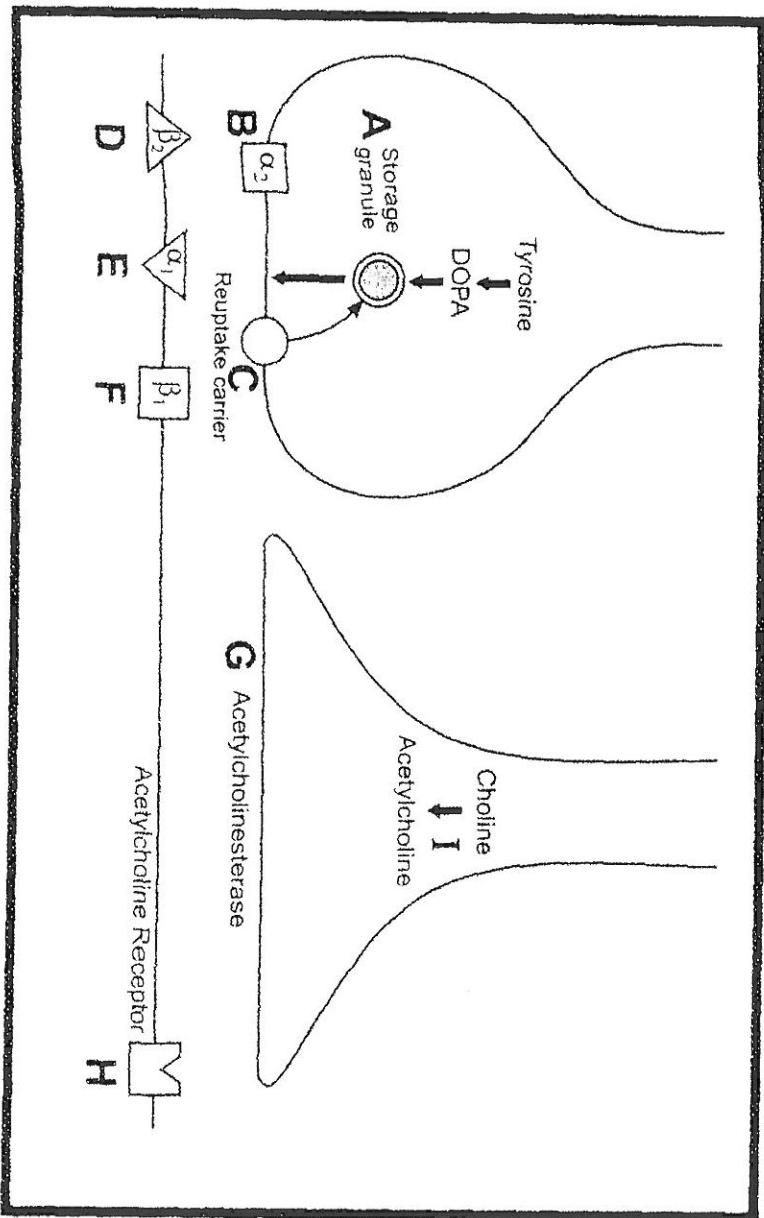
- A. Acute leukemia
- B. Colonic carcinoma
- C. Hepatic cell carcinoma
- D. Leiomyosarcoma
- E. Liposarcoma



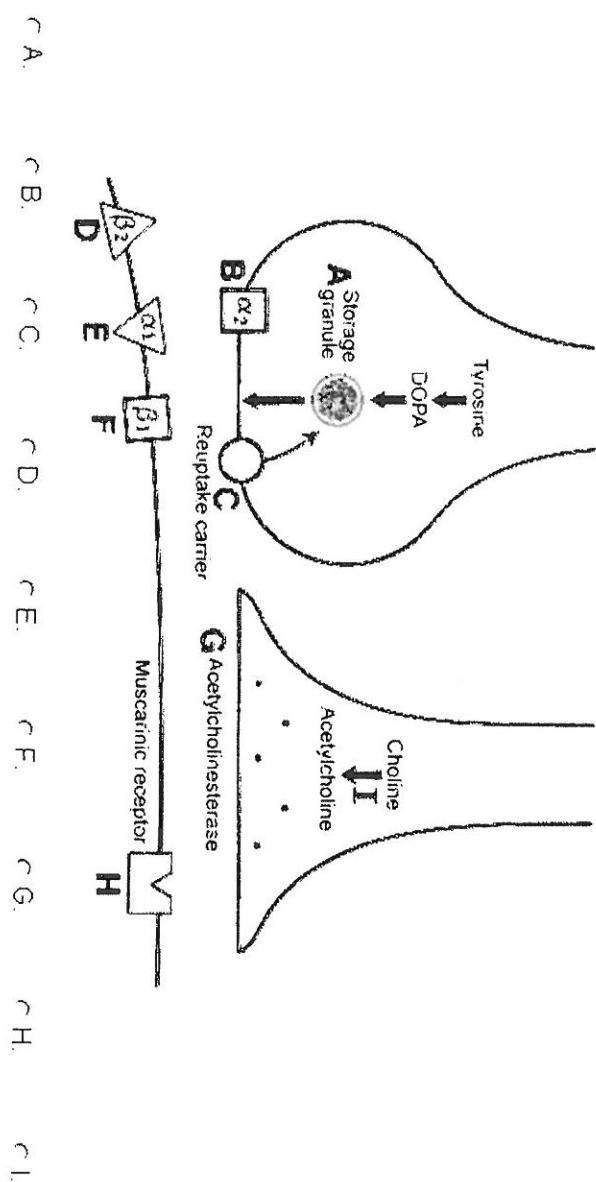
4-2-4)

Which of the following labelled sites in the diagram of an adrenergic and cholinergic nerve innervating an end-organ is the principal site of action of Carbachol?

- A-
- B-
- C-
- D-
- E-
- F-
- G-
- H-



Which of the following labeled sites shown in the diagram of an adrenergic and cholinergic nerve innervating an end-organ is the principal site of action of carbachol?



- | | |
|---------|-------------------------------------|
| MBP5062 | <input checked="" type="checkbox"/> |
| MBP5085 | <input type="checkbox"/> |
| MBP5131 | <input type="checkbox"/> |
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EXHIBIT 5

2008 USMLE CBT Practice

File Edit View Favorites Tools Help

Back Folders

Address E:\Optima-EXT1\F\Uw(step-2)\2008 USMLE CBT Practice

File and Folder Tasks

Make a new folder

Publish this folder to the Web

Share this folder

Name	Size	Type	Date Modified	Duration	Dimensions
readme.txt	1 kB	Shortcut	03/05/2009 5:18 PM		

Other Places

UW(step-2)
 My Documents
 My Computer
 My Network Places

Details

2008 USMLE CBT Practice
File Folder
Date Modified: Yesterday, March 05, 2009, 5:18 PM

1 objects

407 bytes

My Computer

National Board of Medical Examiners - Netscape

Exam Section 3: Item 1 of 50 National Board of Medical Examiners
■ Mark Comprehensive Basic Science Self-Assessment Time Remaining:
3 hr 59 min 39 sec

1. An obese 82-year-old woman with a 20-year history of type 2 diabetes mellitus has been taking glyburide orally for the past 5 years. Metformin is added to her regimen. Because she is taking metformin, she is at increased risk for which of the following?

A) Diabetic ketoacidosis
 B) Lactic acidosis
 C) Metabolic alkalosis
 D) Renal tubular acidosis
 E) Respiratory alkalosis

Next Lab Values Review Help Pause

start Document 3 - Microsoft... 3:35 PM

National Board of Medical Examiners - Netscape

Exam Section 3: Item 2 of 50 National Board of Medical Examiners
■ Mark Comprehensive Basic Science Self-Assessment Time Remaining:
3 hr 59 min 32 sec

2. A 4-year-old boy has had constipation and painful defecation since birth. Impacted fecal matter is palpable in the lower abdomen. Examination of tissue obtained on biopsy of the rectum shows absence of cells of the myenteric plexus. The most likely cause is a defect in which of the following developmental events?

A) Alar plate maturation
 B) Anterior neuropore closure
 C) Neural crest migration
 D) Paravertebral ganglion formation
 E) Posterior neuropore closure
 F) Recanalization of the bowel

Previous Next Lab Values Review Help Pause

start Document 3 - Microsoft... 3:35 PM

National Board of Medical Examiners - Netscape

Exam Section 3: Item 3 of 50 ■ Mark National Board of Medical Examiners Comprehensive Basic Science Self-Assessment Time Remaining: 3 hr 59 min 29 sec

3. A 72-year-old man has difficulty initiating urination. Digital rectal examination shows an enlarged, firm prostate. An assay for serum prostate-specific antigen is 3.5 µg/L (reference range = 0–5). Examination of tissue obtained on biopsy of the prostate is most likely to show

A) adenocarcinoma
 B) chronic prostatitis
 C) epithelial dysplasia
 D) glandular hyperplasia
 E) leiomyoma

Previous Next Lab Values Review Help Pause

National Board of Medical Examiners - Netscape

Exam Section 3: Item 4 of 50 ■ Mark National Board of Medical Examiners Comprehensive Basic Science Self-Assessment Time Remaining: 3 hr 59 min 17 sec

4. Four months after a cholecystectomy for removal of gallstones, a 43-year-old woman has recurrent episodes of biliary colic. After endoscopic sphincterotomy, the episodes of colic do not recur. Which of the following defects in the sphincter of Oddi best explains this patient's course?

A) Inability of smooth muscle to contract
 B) Inability of the enteric nervous system to activate excitatory motoneurons
 C) Loss of enteric inhibitory motor innervation
 D) Reflux of duodenal contents into the common bile duct
 E) Release of vasoactive intestinal polypeptide

Previous Next Lab Values Review Help Pause

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Exam Section 3: Item 5 of 50 National Board of Medical Examiners
■ Mark Comprehensive Basic Science Self-Assessment Time Remaining:
3 hr 59 min 11 sec

5. Several clinical trials have suggested that retinoic acid can induce remission in patients with acute promyelocytic leukemia. Such remission is related to the ability of retinoic acid to promote which of the following?

- A) Differentiation of leukemic cells
- B) Differentiation of monocytes into macrophages
- C) Generation of cytotoxic T lymphocytes
- D) Production of interferon
- E) Repair of DNA damage

Previous Next Lab Values Review Help Pause

National Board of Medical Examiners - Netscape

Exam Section 3: Item 6 of 50 National Board of Medical Examiners
■ Mark Comprehensive Basic Science Self-Assessment Time Remaining:
3 hr 59 min 8 sec

6. A 76-year-old woman has pain on the right side of the trunk. Examination shows a vesicular rash involving the T-10 to T-12 dermatomes. Which of the following is a characteristic of the most likely organism?

- A) Absence of an envelope
- B) Double-stranded DNA
- C) Negative-stranded RNA
- D) Positive-stranded RNA
- E) Prion-like structure
- F) Single-stranded DNA

Previous Next Lab Values Review Help Pause

National Board of Medical Examiners - Netscape

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Exam Section 3: Item 7 of 50 National Board of Medical Examiners
■ Mark Comprehensive Basic Science Self-Assessment Time Remaining:
3 hr 59 min 3 sec

7. Sudden withdrawal from which of the following substances is most likely to produce a life-threatening syndrome in a person dependent on that substance?

A) Amphetamine
 B) Cocaine
 C) Heroin
 D) Methylphenidate
 E) Secobarbital

Previous Next Lab Values Review Help Pause

National Board of Medical Examiners - Netscape

Exam Section 3: Item 8 of 50 National Board of Medical Examiners
■ Mark Comprehensive Basic Science Self-Assessment Time Remaining:
3 hr 58 min 59 sec

8. A 2-year-old child has a hemorrhage in the lower gastrointestinal tract. A Meckel's diverticulum is surgically resected. What kind of ectopic tissue is most likely to be present in the diverticulum?

A) Biliary
 B) Colonic
 C) Duodenal
 D) Gastric
 E) Splenic

Previous Next Lab Values Review Help Pause

National Board of Medical Examiners - Netscape

Exam Section 3: Item 9 of 50 National Board of Medical Examiners
■ Mark Comprehensive Basic Science Self-Assessment Time Remaining:

9. A 74-year-old man has a cough. On auscultation of the right posterior chest, the patient's spoken "ee" sounds more like "ay." Which of the following conditions on the right is most likely?

- A) Bronchopleural fistula
- B) Lower lobe consolidation
- C) Middle lobe atelectasis
- D) Pleural effusion
- E) Pleural plaque
- F) Pneumothorax
- G) Sequestration

Previous Next Lab Values Review Help Pause

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Exam Section 3: Item 10 of 50 National Board of Medical Examiners
■ Mark Comprehensive Basic Science Self-Assessment Time Remaining:

10. A 50-year-old woman with a history of hypertension suddenly develops a severe headache and collapses while shopping. She is intubated and mechanical ventilation is started because of irregular respirations. A CT scan of the head shows a massive intracerebral hemorrhage with blood extending into the ventricles and subarachnoid space. The following morning she is unresponsive to all stimuli. Her pupils are fixed and dilated, oculocephalic reflexes are absent, and she has no spontaneous respirations. An EEG confirms electrocerebral inactivity. Which of the following best describes her level of neurologic functioning?

- A) Brain death
- B) Cataplexy
- C) Limbic encephalopathy
- D) Persistent vegetative state

Previous Next Lab Values Review Help Pause

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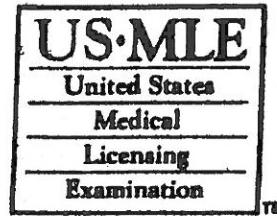
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Nation of 1st Publication: United States

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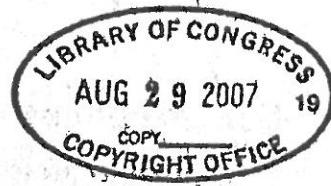
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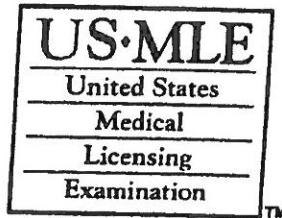
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Co-Author of entire text

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OR	Citizen of ▶ USA
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FORM TX

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CORRESPONDENCE
 Yes

FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼

- a This is the first published edition of a work previously registered in unpublished form
b This is the first application submitted by this author as copyright claimant
c This is a changed version of the work, as shown by space 6 on this application

If your answer is "Yes" give Previous Registration Number ▶

Year of Registration ▶

5

DERIVATIVE WORK OR COMPILATION

Precxisting Material Identify any preexisting work or works that this work is based on or incorporates ▼

Previously published test items including pictorial material from test item pool Pictorial material owned by others used with permission

a 6

See instructions before completing this space

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed ▼

Newly authored test items, compilation, editorial selectivity, and revision of preexisting material

Compilation of pictorial material

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office give name and number of Account.
Name ▼ Account Number ▼

National Board of Medical Examiners

DA037176

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent Name/Address/Apt/City/State/ZIP ▼

Kenneth E Cotton
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

b

Area code and daytime telephone number ▶ (215) 590-9648

Fax number ▶ (215) 590-9433

Email ▶ kcotton@nbme.org

CERTIFICATION I, the undersigned hereby certify that I am the

Check only one ▶

author
 other copyright claimant
 owner of exclusive right(s)
 authorized agent of NBME and FSMB

Name of author or other copyright claimant, or owner of exclusive rights ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

8

Typed or printed name and date ▼ If this application gives a date of publication in space 3 do not sign and submit it before that date

Kenneth E Cotton, Secretary of the Board

Date ▶ 8/9/05



Handwritten signature (X) ▼

X Kenneth E Cotton

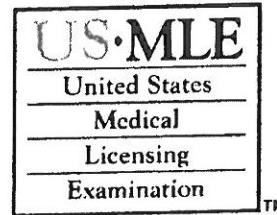
Certificate will be mailed in window envelope to this address

Name ▼
Kenneth E Cotton
National Board of Medical Examiners
Number/Street/Apt ▼
3750 Market Street
City/State/ZIP ▼
Philadelphia, PA 19104

INSTRUCTIONS
Complete all necessary spaces
• Sign your application in space 8
NOTICE OF FEE
The fee for filing this application is:
1 Application form
2 Nonrefundable filing fee in check or money order payable to Register of Copyrights
3 Deposit material
Library of Congress
Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20559-6000
As of July 1, 1998, the filing fee for Form TX is \$30

9

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Step 2 Examination Pool

For Administration Beginning: August 15, 2005

9690 Items (including associated pictorial items)

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The United States Medical Licensing Examination™ (USMLE™) is a joint program of the Federation of State Medical Boards of the United States, Inc., and the National Board of Medical Examiners (NBME®).

Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America

FORM TX
For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

TX 6-458-136



1 IA IXU
EFFECTIVE DATE OF REGISTRATION

NOV 30 2006

Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1 TITLE OF THIS WORK ▼

United States Medical Licensing Examination
Step 2

(2006)

PREVIOUS OR ALTERNATIVE TITLES ▼
N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

N/A

If published in a periodical or serial give: Volume ▼

Number ▼

Issue Date ▼

On Page ▼

2 NAME OF AUTHOR ▼

National Board of Medical Examiners

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

N/A

N/A

Was this contribution to the work a "work made for hire"? Yes No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of ▶ USA

Domiciled in ▶ Philadelphia, PA

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

If the answer to either of these questions is "Yes," see detailed instructions.

Anonymous? Yes No

Pseudonymous? Yes No

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

b NAME OF AUTHOR ▼
Federation of State Medical Boards of the United States, Inc.

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

N/A

N/A

Was this contribution to the work a "work made for hire"? Yes No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of ▶ USA

Domiciled in ▶ Euless, TX

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

If the answer to either of these questions is "Yes," see detailed instructions.

Anonymous? Yes No

Pseudonymous? Yes No

c NAME OF AUTHOR ▼
National Board of Medical Examiners

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

N/A

N/A

Was this contribution to the work a "work made for hire"? Yes No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of ▶

Domiciled in ▶

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

If the answer to either of these questions is "Yes," see detailed instructions.

Anonymous? Yes No

Pseudonymous? Yes No

4 COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼

a YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED This information must be given in all cases.
2006 Year

b DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information Month ▶ AUGUST Day ▶ 15 Year ▶ 2006 Nation

4 TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

APPLICATION RECEIVED NOV 30 2006

ONE DEPOSIT RECEIVED NOV 30 2006

TWO DEPOSITS RECEIVED NOV 30 2006

FUNDS RECEIVED NOV 30 2006

EXAMINED BY	<i>[Signature]</i>	FORM TX
CHECKED BY		
<input type="checkbox"/> CORRESPONDENCE	FOR	
<input checked="" type="checkbox"/> Yes	COPYRIGHT	
	OFFICE	
	USE	
	ONLY	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate box.) ▼

- a. This is the first published edition of a work previously registered in unpublished form.
b. This is the first application submitted by this author as copyright claimant.
c. This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ►

Year of Registration ►

5

DERIVATIVE WORK OR COMPILATION

Precincting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

Previously published test items including pictorial material from test item pool. Pictorial material owned by others used with permission.

a 6

See instructions before completing this space.

b

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

Newly authored test items, compilation, editorial selectivity, and revision of preexisting material.

Compilation of pictorial material.

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account. Name ▼ Account Number ▼

National Board of Medical Examiners

DA037176

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP ▼

Kenneth E. Cotton

National Board of Medical Examiners

3750 Market Street

Philadelphia, PA 19104

b

Area code and daytime telephone number ► (215) 590-9648

Fax number ► (215) 590-9433

Email ► kcotton@nbme.org

CERTIFICATION I, the undersigned, hereby certify that I am the

Check only one ►

- author
 other copyright claimant
 owner of exclusive right(s)
 authorized agent of NBME and FSMB

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

8

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date.

Kenneth E. Cotton, Secretary of the Board

Date ► 1/12/06

Handwritten signature CO ▼

X - Kenneth E. Cotton

Certificate will be mailed in window envelope to this address:

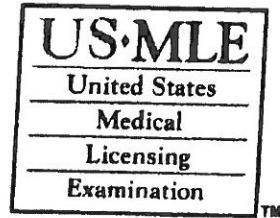
Name ▼
Kenneth E. Cotton
National Board of Medical Examiners
Number/Street/Apt ▼
3750 Market Street
City/State/ZIP ▼
Philadelphia, PA 19104

• Complete all necessary spaces
• Sign your application in space 6
• Fill in the following form
1. Registration Form
2. Nonrefundable filing fee in check or money order as of
July 1,
1988,
the
filing
fee for
Form TX
is \$35.

9

Library of Congress
Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20559-6000

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Step 2 Examination Pool

For Administration Beginning: August 15, 2006

11,713 Items (including associated pictorial items)

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Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, *United States Code*, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

A handwritten signature in black ink that reads "Marybeth Peters".

Register of Copyrights, United States of America

Registration Number:

TX 6-845-857

Effective date of registration:

August 29, 2007

Title

Title of Work: United States Medical Licensing Examination Step 2 Examination Pool (2007)

Completion/ Publication

Year of Completion: 2007

Date of 1st Publication: August 3, 2007

Nation of 1st Publication: United States

Author

Author: National Board of Medical Examiners

Author Created: Co-Author of entire text.

Work made for hire: Yes

Citizen of: United States

Domiciled in: Pennsylvania

Anonymous: No

Pseudonymous: No

Author: Federation of State Medical Boards of the United States, Inc.

Author Created: Co-Author of entire text.

Work made for hire: Yes

Citizen of: United States

Domiciled in: Texas

Anonymous: No

Pseudonymous: No

Copyright claimant

Copyright Claimant: National Board of Medical Examiners (NBME)

3750 Market St., Philadelphia, PA, 19104

Copyright Claimant: Federation of State Medical Boards of the United States Inc. (FSMB)

400 Fuller Wiser Rd., Euless, TX, 76039

Limitation of copyright claim —

Material excluded from this claim: Previously published test items including pictorial material from test item pool. Pictorial material owned by others used with permission.

Previously registered: No

New material included in claim: Newly authored test items, compilation, editorial selectivity, and revision of preexisting material. Compilation of pictorial material.

Certification —

Name: Kenneth E. Cotton

Date: August 27, 2007

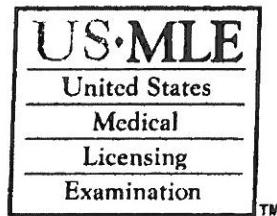
IPN#:

Registration #: TX0006845857

Service Request #: 1-8427102

National Board of Medical Examiners
Kenneth E. Cotton
3750 Market Street
Philadelphia, PA 19104

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Step 2 Examination Pool

For Administration Beginning: August 3, 2007

13,185 Items (including associated pictorial items)

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Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America

FORM TX
For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

REF

TX 6-419-276



EFFECTIVE DATE OF REGISTRATION

AUG 10 2006

Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1

TITLE OF THIS WORK ▼

United States Medical Licensing Examination

Step 1

(2006)

PREVIOUS OR ALTERNATIVE TITLES ▼

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work to which the contribution appeared. Title of Collective Work ▼

N/A

If published in a periodical or serial give: Volume ▼ Number ▼ Issue Date ▼ On Page ▼

2

NAME OF AUTHOR ▼

National Board of Medical Examiners

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼
N/A N/A

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

If the answer to either of these questions is "Yes," see detailed instructions.
Anonymous? Yes No
Pseudonymous? Yes No

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of the work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

b

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author to which copyright is claimed. ▼

Co-Author of entire text.

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼
N/A N/A

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

If the answer to either of these questions is "Yes," see detailed instructions.
Anonymous? Yes No
Pseudonymous? Yes No

c

Was this contribution to the work a "work made for hire"?

Yes

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR

Citizen of ▶ USA

Domiciled in ▶

Philadelphia, PA

No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author to which copyright is claimed. ▼

Co-Author of entire text.

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

If the answer to either of these questions is "Yes," see detailed instructions.
Anonymous? Yes No
Pseudonymous? Yes No

3

a

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

2006

◀ Year In all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information ONLY if this work has been published.

Month ▶ June

Day ▶ 1

Year ▶ 2006

◀ Notes

See instructions before completing this space.

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼

National Board of Medical Examiners, 3750 Market St., Phila., PA 19104
(NBME) & Federation of State Medical Boards of the United States Inc.,
400 Fuller Wiser Rd., Euless, TX 76039 (PSMB)

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

APPLICATION RECEIVED

AUG 10 2006

ONE DEPOSIT RECEIVED

AUG 10 2006

TWO DEPOSITS RECEIVED

FUNDS RECEIVED

MORE ON BACK ▶

• Complete all applicable spaces (numbers 5-9) on the reverse side of this page.
• See detailed instructions.
• Sign the form at the bottom.

DO NOT WRITE HERE

Page 1 of **K** pages

EXAMINED BY *[Signature]*

FORM TX

CHECKED BY *[Signature]*

CORRESPONDENCE

Yes

FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? **5**

- Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate box.) ▼
 a. This is the first published edition of a work previously registered in unpublished form.
 b. This is the first application submitted by this author as copyright claimant.
 c. This is a changed version of the work, as shown by space 8 on this application.

If your answer is "Yes," give Previous Registration Number ▶

Year of Registration ▶

DERIVATIVE WORK OR COMPILATION

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

Previously published test items including pictorial material from test item pool. Pictorial material owned by others used with permission. **a 6**

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

Newly authored test items, compilation, editorial selectivity, and revision of preexisting material. **b**

Compilation of pictorial material.

See instructions before completing this space.

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account. **a 7**
 Name ▼ Account Number ▼

National Board of Medical Examiners

DA037176

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP ▼

Kenneth E. Cotton
 National Board of Medical Examiners
 3750 Market Street
 Philadelphia, PA 19104

Area code and digits telephone number ▶ (215) 590-9648

Fax number ▶ (215) 590-9433

Email ▶ kccotton@nbme.org

CERTIFICATION I, the undersigned, hereby certify that I am the

Check only one ▶

- { author
 other copyright claimant
 owner of exclusive right(s)
 authorized agent of NBME and FSMB

Name of author or other copyright claimant, or owner of exclusive rights △

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge. **8**

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date.

Kenneth E. Cotton, Secretary of the Board

Date ▶ *6/9/06*

 Handwritten signature (D) ▼

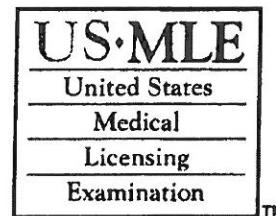
X *Kenneth E. Cotton*

Certificate will be mailed in window envelope to this address:

Name ▼ Kenneth E. Cotton
 National Board of Medical Examiners
 Number/Street/Apt ▼
 3750 Market Street
 City/State/ZIP ▼
 Philadelphia, PA 19104

Complete all necessary spaces
 Sign your signature in space 8
 Print name and address in block letters
 1. Application form
 2. Nonrefundable filing fee in cash or Money order As of
 payable to Register of Copyrights July 1,
 1998,
 3. Deposit material the
 money or equivalent filing
 Copyright Office fee for
 101 Independence Avenue, S.E. Form TX
 Washington, D.C. 20559-0250 to USA.

Delivered by Computer



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Step 1 Examination Pool

For Administration Beginning: June 1, 2006

14,677 Items (including associated pictorial items)

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The United States Medical Licensing Examination™ (USMLE™) is a joint program of the Federation of State Medical Boards of the United States, Inc., and the National Board of Medical Examiners (NBME®).

Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America

FORM TX
For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

REGISTRATION

TXU 1 - 256 - 031



1 EFFECTIVE DATE OF REGISTRATION

9 13 05
Month Day Year

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

1

TITLE OF THIS WORK ▼

National Board of Medical Examiners
Comprehensive Clinical Medicine Self-Assessment (2005)

PREVIOUS OR ALTERNATIVE TITLES ▼

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical serial or collection give information about the collective work in which the contribution appeared Title of Collective Work ▼

N/A

If published in a periodical or serial give Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2

NAME OF AUTHOR ▼

National Board of Medical Examiners

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

N/A N/A

Was this contribution to the work a "work made for hire"?

Yes

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

No

OR Citizen of ▶ USA

Domiciled in ▶ Philadelphia, PA

If the answer to either of these questions is "Yes," see detailed instructions

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No

Pseudonymous? Yes No

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see Instructions). For any part of this work that was "made for hire," check "Yes" in the space provided give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank

a

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

Entire Text

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

NAME OF AUTHOR ▼

b

Was this contribution to the work a "work made for hire"?

Yes

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

No

OR Citizen of ▶

Domiciled in ▶

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

If the answer to either of these questions is "Yes," see detailed instructions

Anonymous? Yes No

Pseudonymous? Yes No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

c

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?

Yes

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

No

OR Citizen of ▶

Domiciled in ▶

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

If the answer to either of these questions is "Yes," see detailed instructions

Anonymous? Yes No

Pseudonymous? Yes No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

◀ Note ▶

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED This information must be given in all cases

a 2005

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information ONLY if this work has been published

Month ▶ Day ▶ Year ▶

◀ Note ▶

APPLICATION RECEIVED

SEP 13 2005

ONE DEPOSIT RECEIVED

SEP 13 2005

TWO DEPOSITS RECEIVED

FUND RECEIVED

COMPLETION OF FORM

DO NOT WRITE HERE

See instructions before completing this space

4 **TRANSFER** If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2 give a brief statement of how the claimant(s) obtained ownership of the copyright ▼

N/A

MORE ON BACK ▶ • Complete all applicable spaces (numbers 5-9) on the reverse side of this page
• See detailed instructions

DO NOT WRITE HERE
Page 1 of 2 pages

EXAMINED BY	<i>MW</i>	FORM TX
CHECKED BY		
<input type="checkbox"/> CORRESPONDENCE Yes		FOR COPYRIGHT OFFICE USE ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

PREVIOUS REGISTRATION Has registration for this work or for an earlier version of this work already been made in the Copyright Office?

- Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼
a This is the first published edition of a work previously registered in unpublished form
b This is the first application submitted by this author as copyright claimant
c This is a changed version of the work, as shown by space 6 on this application

If your answer is "Yes," give Previous Registration Number ▶

Year of Registration ▶

5

DERIVATIVE WORK OR COMPILATION

Precexisting Material Identify any preexisting work or works that this work is based on or incorporates ▼

Previously published test items from test item pool

a 6

See instructions
before completing
this space

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed ▼
New compilation of preexisting material

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account
Name ▼ Account Number ▼

National Board of Medical Examiners

DA037176

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent Name/Address/Apt/City/State/ZIP ▼
Kenneth E Cotton
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

b

Area code and daytime telephone number ▶ (215) 590-9648

Fax number ▶ (215) 590-9433

Email ▶ kcotton@nbme.org

CERTIFICATION I, the undersigned, hereby certify that I am the

Check only one ▶

- { author
 other copyright claimant
 owner of exclusive right(s)
 authorized agent of National Board of Medical Examiners
Name of author or other copyright claimant, or owner of exclusive right(s) ▲

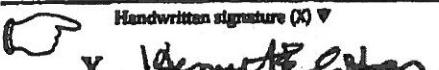
of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

8

Typed or printed name and date ▼ If this application gives a date of publication in space 3 do not sign and submit it before that date

Kenneth E Cotton, Secretary of the Board

Date ▶ *8/9/05*

 Handwritten signature (X) ▼

X - *Kenneth E. Cotton*

Certificate
will be
mailed in
window
envelope
to this
address

Name ▼ Kenneth E Cotton National Board of Medical Examiners
Number/Street/Apt ▼ 3750 Market Street
City/State/ZIP ▼ Philadelphia, PA 19104

CONTINUED
• Complete all necessary spaces
• Sign your application in space 3
• Mail to the Copyright Office
1. Application form
2. Nonrefundable filing fee in check or money order As of July 1, 1998,
3. Deposit material the filing fee for Form TX is \$30
University of Congress
Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20550-0000

9

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Comprehensive Clinical Medicine Self-Assessment Examination Pool

For Administration Beginning: September 1, 2005

180 Items (including associated pictorial items)

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Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America

FORM TX

For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

RI

TXu 1-256-030

NTHUSO1256030

EFFECTIVE DATE OF REGISTRATION

9 13 05
Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

1

TITLE OF THIS WORK ▼

National Board of Medical Examiners
Comprehensive Clinical Science Self-Assessment CSCSA/00003 (2005)

PREVIOUS OR ALTERNATIVE TITLES ▼

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical serial, or collection give information about the collective work in which the contribution appeared Title of Collective Work ▼

N/A

If published in a periodical or serial give	Volume ▼	Number ▼	Issue Date ▼	On Pages ▼
---	----------	----------	--------------	------------

2

NAME OF AUTHOR ▼

National Board of Medical Examiners

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

N/A

a

Was this contribution to the work a "work made for hire"? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AUTHOR'S NATIONALITY OR DOMICILE Name of Country OR Citizen of ▶ USA Domiciled in ▶ Philadelphia, PA
---	---

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

If the answer to either of these questions is "Yes," see detailed instructions

Anonymous? Yes No
Pseudonymous? Yes No

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank

b

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"? <input type="checkbox"/> Yes <input type="checkbox"/> No	AUTHOR'S NATIONALITY OR DOMICILE Name of Country OR Citizen of ▶ _____ Domiciled in ▶ _____
--	--

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

If the answer to either of these questions is "Yes," see detailed instructions

Anonymous? Yes No
Pseudonymous? Yes No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

c

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"? <input type="checkbox"/> Yes <input type="checkbox"/> No	AUTHOR'S NATIONALITY OR DOMICILE Name of Country OR Citizen of ▶ _____ Domiciled in ▶ _____
--	--

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

If the answer to either of these questions is "Yes," see detailed instructions

Anonymous? Yes No
Pseudonymous? Yes No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

3**a**

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED This information must be given
2005 Year in all cases

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information Month ▶ _____ Day ▶ _____ Year ▶ _____
ONLY if this work has been published

◀ Nation

APPLICATION RECEIVED

SFP 13.2005

ONE DEPOSIT RECEIVED

TWO DEPOSITS RECEIVED

SFP 13.2005

FUNDS RECEIVED

DO NOT WRITE HERE
OFFICE USE ONLY

See instructions before completing this space

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2 ▼

National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2 give a brief statement of how the claimant(s) obtained ownership of the copyright ▼
N/AMORE ON BACK ▶ • Complete all applicable spaces (numbers 8-9) on the reverse side of this page
• See detailed instructions
• Sign the form at the bottomDO NOT WRITE HERE
Page 1 of 2 pages

EXAMINED BY	Mrs	FORM TX
CHECKED BY		
<input type="checkbox"/> CORRESPONDENCE		FOR
Yes		COPYRIGHT
		OFFICE
		USE
		ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work already been made in the Copyright Office?

- Yes No If your answer is "Yes" why is another registration being sought? (Check appropriate box) ▼
a This is the first published edition of a work previously registered in unpublished form
b This is the first application submitted by this author as copyright claimant
c This is a changed version of the work, as shown by space 6 on this application

If your answer is "Yes" give Previous Registration Number ►

Year of Registration ►

5

DERIVATIVE WORK OR COMPILATION

Precexisting Material Identify any preexisting work or works that this work is based on or incorporates ▼

Previously published test items from test item pool

a 6

See instructions
before completing
this space

b

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed ▼
New compilation of preexisting material

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account Name ▼ Account Number ▼

National Board of Medical Examiners

DA037176

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent Name/Address/Apt/City/State/ZIP ▼

Kenneth E Cotton
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

b

Area code and daytime telephone number ► (215) 590-9648

Fax number ► (215) 590-9433

Email ► kcotton@nbme.org

CERTIFICATION I the undersigned hereby certify that I am the

Check only one ►

{ author
 other copyright claimant
 owner of exclusive right(s)
 authorized agent of National Board of Medical Examiners
Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

8

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date

Kenneth E Cotton, Secretary of the Board

Date ► 8/9/05

Handwritten signature (X) ▼

X - Kenneth E Cotton

Certificate will be mailed in window envelope to this address.

Name ▼ Kenneth E Cotton National Board of Medical Examiners
Number/Street/Apt ▼ 3750 Market Street
City/State/ZIP ▼ Philadelphia, PA 19104

INSTRUCTIONS	• Complete all necessary spaces • Sign your application in space 8
CERTIFICATE OF AUTHENTICATION I declare under penalty of perjury that the foregoing is true and correct. 1 Application form 2 Nonrefundable filing fee in check or money order 3 Deposit material	
FEE INFORMATION Library of Congress Copyright Office 101 Independence Avenue S.E. Washington, D.C. 20559-6000	
As of July 1, 1988, the filing fee for Form TX is \$30	

9

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**Comprehensive Clinical Science Self-Assessment
Examination Pool
(CSCSA/00003)**

For Administration Beginning: September 1, 2005

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Certificate of Registration



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America

FORM TX
For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

R TXU 1 - 256 - 025



TX TXU
EFFECTIVE DATE OF REGISTRATION

9 13 05
Month Day Year

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

1

TITLE OF THIS WORK ▼
National Board of Medical Examiners
Comprehensive Basic Science Self-Assessment BSCSA/0003 & BSCSA/0004 (2005)

PREVIOUS OR ALTERNATIVE TITLES ▼
N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical serial or collection, give information about the collective work in which the contribution appeared Title of Collective Work ▼

N/A

If published in a periodical or serial give Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2

a NAME OF AUTHOR ▼
National Board of Medical Examiners

Was this contribution to the work a "work made for hire"?

Yes

No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of ▶ USA

Domiciled in ▶ Philadelphia, PA

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

N/A

N/A

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No
Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions

NOTE

Under the law, the "author" or a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire," check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part and leave the space for dates of birth and death blank

b

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼
Entire Text

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?

Yes

No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of ▶

Domiciled in ▶

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No
Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions

c

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?

Yes

No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of ▶

Domiciled in ▶

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No
Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions

3

a

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

2005

This information must be given
◀ Year is all cases

b

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information Month ▶ Day ▶ Year ▶ ◀ Nation

ONLY IF this work has been published

4
See instructions before completing this space

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2 ▼

National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

TRANSFER If the claimant(s) named here in space 4 is [are] different from the author(s) named in space 2 give a brief statement of how the claimant(s) obtained ownership of the copyright ▼

N/A

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SFP 13.2005

ONE DEPOSIT RECEIVED

TWO DEPOSITS RECEIVED

SFP 13.2005

FUND RECEIVED

DO NOT WRITE HERE
OFFICE USE ONLY

EXAMINED BY	<i>Mia</i>	FORM TX
CHECKED BY		
<input type="checkbox"/> CORRESPONDENCE		FOR
<input type="checkbox"/> Yes		COPYRIGHT
		OFFICE
		USE
		ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work or for an earlier version of this work, already been made in the Copyright Office?

Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼

- a This is the first published edition of a work previously registered in unpublished form
b This is the first application submitted by this author as copyright claimant
c This is a changed version of the work, as shown by space 6 on this application

If your answer is "Yes," give Previous Registration Number ►

Year of Registration ►

5

DERIVATIVE WORK OR COMPILATION

Preceding Material Identify any preceding work or works that this work is based on or incorporates ▼

Previously published test items from test item pool

a 6

See instructions
before completing
this space

b

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed ▼
New compilation of preexisting material

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office give name and number of Account
Name ▼ Account Number ▼

National Board of Medical Examiners

DA037176

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent Name/Address/Apt/City/State/ZIP ▼
Kenneth E Cotton
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

b

Area code and daytime telephone number ► (215) 590-9648

Fax number ► (215) 590-9433

Email ► k cotton@nbme.org

8

CERTIFICATION* I the undersigned, hereby certify that I am the

Check only one ►

- { author
 other copyright claimant
 owner of exclusive right(s)
 authorized agent of National Board of Medical Examiners

Name of author or other copyright claimant, or owner of exclusive rights ▲

of the work identified in this application and that the statements made
by me in this application are correct to the best of my knowledge

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date

Kenneth E Cotton, Secretary of the Board

Date ► *8/9/05*

Handwritten signature (X) ▼



X *Kenneth E. Cotton*

9

Certificate
will be
mailed in
window
envelope
to this
address

Name ▼ Kenneth E Cotton National Board of Medical Examiners
Number/Street/Apt ▼ 3750 Market Street
City/State/ZIP ▼ Philadelphia, PA 19104

YOUR D.O.B.
• Complete all necessary spaces
• Sign your application in space 8
• Deposit material in space 3
• Send application to:
1 Application form
2 Nonrefundable filing fee in check or money order As of payable to Register of Copyrights July 1, 1989,
3 Deposit material the filing fee for Form TX is \$30
Lobby of Congress Copyright Office 101 Independence Avenue, S.E. Washington, D.C. 20559-6000

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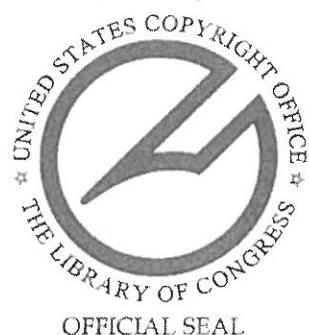
**Comprehensive Basic Science Self-Assessment
Examination Pool**
BSCSA/00004

For Administration Beginning: September 1, 2005

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REGISTER OF COPYRIGHTS
United States of America

FORM TX
For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

TXu 953-854

TXu088953954

EFFECTIVE DATE OF REGISTRATION

Month 11 Day 16 Year 00

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1

TITLE OF THIS WORK ▼

United States Medical Licensing Examination
Step 3 Examination

PREVIOUS OR ALTERNATIVE TITLES ▼

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared Title of Collective Work ▼

N/A

If published in a periodical or serial give: Volume ▼

Number ▼

Issue Date ▼

On Pages ▼

2

a

NAME OF AUTHOR ▼

National Board of Medical Examiners

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

N/A

N/A

Was this contribution to the work a "work made for hire"? Yes No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
OR { Citizen of ▶ USA
Domiciled in ▶ Philadelphia, PA

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions.

Pseudonymous? Yes No

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided. Give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

b

NAME OF AUTHOR ▼ Briefly describe nature of material created by this author in which copyright is claimed. ▼

Co-Author of entire text.

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

N/A

N/A

Was this contribution to the work a "work made for hire"? Yes No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
OR { Citizen of ▶ USA
Domiciled in ▶ Euless, TX

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions.

Pseudonymous? Yes No

c

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. ▼

Co-Author of entire text.

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

Was this contribution to the work a "work made for hire"? Yes No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
OR { Citizen of ▶
Domiciled in ▶

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions.

Pseudonymous? Yes No

3

a

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

2000

This information must be given only if this work has been published.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information Month ▶ _____ Day ▶ _____ Year ▶ _____ Nation ▶ _____

See instructions before completing this space.

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼

National Board of Medical Examiners, 3750 Market St., Phila., PA 19104
(NBME) & Federation of State Medical Boards of the United States Inc.,
400 Fuller Wiser Rd., Euless, TX 76039 (FSMB)

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

APPLICATION RECEIVED

NOV 16 2000

ONE DEPOSIT RECEIVED

NOV 16 2000

TWO DEPOSITS RECEIVED

FUNDS RECEIVED

MORE ON BACK ▶ • Complete all applicable spaces (numbers 6-9) on the reverse side of this page.
• See detailed instructions
• Sign the form at line 8.

DO NOT WRITE HERE

Page 1 of 4 pages

EXAMINED BY *[Signature]* FORM TX

CHECKED BY *[Signature]*

CORRESPONDENCE
 Yes

FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate box.) ▼

- a. This is the first published edition of a work previously registered in unpublished form.
b. This is the first application submitted by this author as copyright claimant
c. This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give Previous Registration Number ►

Year of Registration ►

5

DERIVATIVE WORK OR COMPILED

Preeexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

Previously published test items including pictorial material from test item pool. Pictorial material owned by others used with permission.

a 6
See instructions before completing this space.

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼
Newly authored test items, compilation, editorial selectivity, and revision of preeexisting material.

Compilation of pictorial material.

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.
Name ▼ Account Number ▼

National Board of Medical Examiners

DA037176

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP ▼

Alice J. Wooden Kelly

National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

b

Area code and daytime telephone number ► (215) 590-9535

Fax number ► (215) 590-9755

Email ► awoodenkelly@mail.nbme.org

CERTIFICATION* I, the undersigned, hereby certify that I am the

Check only one ►

- { author
 other copyright claimant
 owner of exclusive right(s)
 authorized agent of NBME and FSMB

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

8

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date.

Alice J. Wooden Kelly, Director, Department of Administration

Date ► 11/14/00



Handwritten signature (X) ▼

X — *Alice J. Wooden Kelly* —

Certificate
will be
mailed in
window
envelope
to this
address:

Name ▼ Alice J. Wooden Kelly
National Board of Medical Examiners
Number/Street/Apt ▼
3750 Market Street
City/State/ZIP ▼
Philadelphia, PA 19104

YOU MUST

- Complete all necessary spaces
• Sign your application in space 8

SEND ALL ELEMENTS
IN THE SAME PACKAGE

1. Application form
2. Nonrefundable filing fee in check or money order As of
payable to Register of Copyrights July 1,
1999,

3. Deposit material

MAIL TO
Library of Congress
Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20550-6000
the
filing
fee
for
Form TX
is \$30.

9

CONTINUATION SHEET FOR APPLICATION FORMS

- This Continuation Sheet is used in conjunction with Forms CA, PA, SE, SR, TX, and VA, only. Indicate which basic form you are continuing in the space in the upper right-hand corner.
- If at all possible, try to fit the information called for into the spaces provided on the basic form.
- If you do not have enough space for all the information you need to give on the basic form, use this Continuation Sheet and submit it with the basic form.
- If you submit this Continuation Sheet, clip (do not tape or staple) it to the basic form and fold the two together before submitting them.
- Space A** of this sheet is intended to identify the basic application. Space B is a continuation of Space 2 on the basic application. Space B is not applicable to Short forms. Space C (on the reverse side of this sheet) is for the continuation of Spaces 1, 4, or 6 on the basic application or for the continuation of Space 1 on any of the three Short Forms PA, TX, or VA.

DO NOT WRITE ABOVE THIS LINE. FOR COPYRIGHT OFFICE USE ONLY



PA PAUSE SEG SEU SR SRU TX TXU VA VAU

EFFECTIVE DATE OF REGISTRATION

11 16 00
(Month) (Day) (Year)

CONTINUATION SHEET RECEIVED

Nov 15 2000

Page 3 of 7 pages

A IDENTIFICATION OF CONTINUATION SHEET: This sheet is a continuation of the application for copyright registration on the basic form submitted for the following work:

- TITLE (Give the title as given under the heading "Title of this Work" in Space 1 of the basic form.)
United States Medical Licensing Examination Step 3

- NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): (Give the name and address of at least one copyright claimant as given in Space 4 of the basic form or Space 2 of any of the Short Forms PA, TX, or VA.)
National Board of Medical Examiners, 3750 Market St., Phila., PA 19104

Identification
of
Application

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born▼ Year Died▼

d

B Was this contribution to the work AUTHOR'S NATIONALITY OR DOMICILE a "work made for hire"? Name of Country

- Yes
 No

OR { Citizen of ► _____
Domiciled in ► _____

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions.
Pseudonymous? Yes No

Continuation
of Space 2

NATURE OF AUTHORSHIP Briefly describe nature of the material created by the author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born▼ Year Died▼

e

Was this contribution to the work AUTHOR'S NATIONALITY OR DOMICILE a "work made for hire"? Name of Country

- Yes
 No

OR { Citizen of ► _____
Domiciled in ► _____

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions.
Pseudonymous? Yes No

NATURE OF AUTHORSHIP Briefly describe nature of the material created by the author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born▼ Year Died▼

f

Was this contribution to the work AUTHOR'S NATIONALITY OR DOMICILE a "work made for hire"? Name of Country

- Yes
 No

OR { Citizen of ► _____
Domiciled in ► _____

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions.
Pseudonymous? Yes No

NATURE OF AUTHORSHIP Briefly describe nature of the material created by the author in which copyright is claimed. ▼

Use the reverse side of this sheet if you need more space for continuation of Spaces 1, 4, or 6 of the basic form or for the continuation of Space 1 on any of the Short Forms PA, TX, or VA.

CONTINUATION OF (Check which): Space 1 Space 4 Space 6

2 Books

Multiple Choice Question Component

Premium CCS Component

C

Continuation
of other
Spaces

Certificate
will be
mailed in
window
envelope
to this
address:

Name ▼ Alice J. Wooden Kelly
National Board of Medical Examiners
Number/Street/Apt ▼
3750 Market Street
City/State/ZIP ▼
Philadelphia, PA 19104

YOU MUST
• Complete all necessary spaces
• Sign your application

SEND ALL 3 ELEMENTS
IN THE SAME PACKAGE

1. Application form
2. Nonrefundable fee in check or money order payable to Register of Copyrights
3. Deposit Material

MAIL TO
Library of Congress, Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20559-0000

D

Fees are effective
through June 30,
2001. After this date,
check the Copyright
Office Website at
www.loc.gov/copyright
or call (202)
707-3000 for current
fee information.

CERTIFICATE OF REGISTRATION

529



OFFICIAL SEAL

This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

REGISTER OF COPYRIGHTS
United States of America

FORM TX
For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

TXu1-111-542



EFFECTIVE DATE OF REGISTRATION

3 12 03
Month Day Year

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE USE A SEPARATE CONTINUATION SHEET

1 TITLE OF THIS WORK ▼

United States Medical Licensing Examination
Step 3 Examination Pool and Primum CCS Component

PREVIOUS OR ALTERNATIVE TITLES ▼

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical serial, or collection give information about the collective work in which the contribution appeared Title of Collective Work ▼

N/A

If published in a periodical or serial give	Volume ▼	Number ▼	Issue Date ▼	On Pages ▼
---	----------	----------	--------------	------------

2**a**

NAME OF AUTHOR ▼

National Board of Medical Examiners (NBME)

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

N/A

N/A

Was this contribution to the work a "work made for hire"?
 Yes
 No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country

OR Citizen of ▶ USA

Domiciled in ▶ Philadelphia, PA

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No
If the answer to either of these questions is "Yes," see detailed instructions

Pseudonymous? Yes No

Instructions

NOTE

Under the law the author of a work made for hire is generally the employer not the employee (see instructions). For any part of this work that was made for hire check Yes in the space provided give the employer (or other person for whom the work was prepared) as Author of that part and leave the space for dates of birth and death blank

b

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

Co-Author of entire text

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

N/A

N/A

NAME OF AUTHOR ▼
Federation of State Medical Boards of the United States Inc (FSMB)

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

N/A

N/A

Was this contribution to the work a "work made for hire"?
 Yes
 No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country

OR Citizen of ▶ USA

Domiciled in ▶ Euless, TX

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No
If the answer to either of these questions is "Yes," see detailed instructions

Pseudonymous? Yes No

Instructions

c

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?
 Yes
 No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country

OR Citizen of ▶

Domiciled in ▶

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No
If the answer to either of these questions is "Yes," see detailed instructions

Pseudonymous? Yes No

Instructions

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

3**a**

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

2002

This information must be given in all cases.
 Year

b

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information ONLY if this work has been published

APRIL 12 2003

ONE DEPOSIT RECEIVED

MAY 12 2003

TWO DEPOSITS RECEIVED

DO NOT WRITE HERE
OFFICE USE ONLY

FUND RECEIVED

See instructions before completing this space

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2 ▼

National Board of Medical Examiners 3750 Market St Phila PA 19104
(NBME) & Federation of State Medical Boards of the United States Inc
400 Fuller Wiser Rd Euless TX 76039 (FSMB)

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2 give a brief statement of how the claimant(s) obtained ownership of the copyright ▼

MORE ON BACK ▶

Complete all applicable spaces (numbers 5-9) on the reverse side of this page

See detailed instructions

Sign the form at line 8

DO NOT WRITE HERE

Page 1 of 2 pages

EXAMINED BY *Jc*

FORM TX

CHECKED BY

CORRESPONDENCE

Yes

FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE USE A SEPARATE CONTINUATION SHEET

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work already been made in the Copyright Office?

Yes No If your answer is "Yes" why is another registration being sought? (Check appropriate box) ▼

a This is the first published edition of a work previously registered in unpublished form

b This is the first application submitted by this author as copyright claimant

c This is a changed version of the work as shown by space 6 on this application

If your answer is Yes give Previous Registration Number ►

Year of Registration ►

5

DERIVATIVE WORK OR COMPILED

Predating Material Identify any predating work or works that this work is based on or incorporates ▼

a

6

See instructions
before completing
this space.

Previously published test items including pictorial material from test item pool Pictorial material owned by others used with permission

Material Added to This Work Give a brief general statement of the material that has been added to this work and in which copyright is claimed ▼

b

7

Newly authored test items compilation editorial selectivity and revision of preexisting material

Compilation of pictorial material

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office give name and number of Account.
Name ▼ Account Number ▼

a

7

National Board of Medical Examiners

DA037176

CORRESPONDENCE Give name and address to which correspondence about this application should be sent Name/Address/Apt/City/State/ZIP ▼

b

8

Janet D Carson

National Board of Medical Examiners

3750 Market Street

Philadelphia, PA 19104

Area code and daytime telephone number ► (215) 590 9548

Fax number ► (215) 590-9755

Email ► jcarson@nbme.org

CERTIFICATION* I the undersigned hereby certify that I am the

Check only one ►

author

other copyright claimant

owner of exclusive right(s)

authorized agent of NBME and FSMB

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made
by me in this application are correct to the best of my knowledge

Typed or printed name and date ▼ If this application gives a date of publication in space 3 do not sign and submit it before that date

Janet D Carson Secretary of the Board

Date ► 7/11/03



Handwritten signature (X) ▼

X — Janet D Carson —————

Certificate
will be
mailed in
window
envelope
to this
address

Name ▼
Janet D Carson
National Board of Medical Examiners
Number/Street/Apt ▼
3750 Market Street
City/State/ZIP ▼
Philadelphia PA 19104

Complete all necessary spaces
Sign your application in space 6

1 Application form
2 Nonrefundable filing fee in check or money order As of
July 1
1998
3 Deposit material
NAME TO
Library of Congress
Copyright Office
101 Independence Avenue, S.E.
Washington D.C. 20590-6000
the
filing
fee for
Form TX
is \$36

9

CERTIFICATE OF REGISTRATION

532

FORM TX
UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

TX 5-021-440

TX0005021440

TX TXU

EFFECTIVE DATE OF REGISTRATION

7
Month28
Day99
Year

This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

REGISTER OF COPYRIGHTS
United States of America

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK ▼

United States Medical Licensing Examination Step 3

PREVIOUS OR ALTERNATIVE TITLES ▼

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

N/A

If published in a periodical or serial give: Volume ▼

Number ▼

Issue Date ▼

On Pages ▼

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

a National Board of Medical Examiners

Was this contribution to the work a "work made for hire"?
 Yes No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
 Citizen of ► U.S.A.
 OR Domiciled in ► Philadelphia, PA

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? Yes No
Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed.
Co-Author of entire text.

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

b Federation of State Medical Boards, Inc.

N/A

N/A

Was this contribution to the work a "work made for hire"?
 Yes No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
 Citizen of ► U.S.A.
 OR Domiciled in ► Euless, TX

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? Yes No
Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed.
Co-Author of entire text.

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

Was this contribution to the work a "work made for hire"?
 Yes No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
 Citizen of ►
 OR Domiciled in ►

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? Yes No
Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed.

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

This information must be given ONLY if this work has been published.

1999

◀ Year

In all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information Month ► May Day ► 11 Year ► 1999

◀ Nation

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2.▼

National Board of Medical Examiners, 3750 Market St.
Philadelphia, PA 19104 (NBME)

Federation of State Medical Boards, Inc.
400 Fuller Wiser Road, Euless, TX 76039 (FSMB)

TRANSFER If the claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.▼

APPLICATION RECEIVED

JUL 28 1999

ONE DEPOSIT RECEIVED

JUL 29 1999

TWO DEPOSITS RECEIVED

REMITTANCE NUMBER AND DATE

DO NOT WRITE HERE
IN OFFICE USE ONLY

MORE ON BACK ▶

- Complete all applicable spaces (numbers 5-11) on the reverse side of this page.
- See detailed instructions.

DO NOT WRITE HERE
IN OFFICE USE ONLY

Page 1 of 1

Pages

EXAMINED BY

CHECKED BY

FORM TX

 CORRESPONDENCE

Yes

 DEPOSIT ACCOUNT

Funds Used

FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

- Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼
 This is the first published edition of a work previously registered in unpublished form.
 This is the first application submitted by this author as copyright claimant.
 This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▼

Year of Registration ▼

5

DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.

- a. Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼
 Previously published test items including pictorial material from test item pool.
 Pictorial material owned by others used with permission.
- b. Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼
 Newly authored test items, pictorial material, compilation, editorial selectivity, and revision of preexisting material. Pictorial material owned by others used with permission.

See instructions
before completing
this space.

6

MANUFACTURERS AND LOCATIONS If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.

Names of Manufacturers ▼

Places of Manufacture ▼

7

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY HANDICAPPED INDIVIDUALS A signature on this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a reading of that work; or (3) both.

a Copies and Phonorecordsb Copies Onlyc Phonorecords Only

See instructions.

8

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.

Name ▼

Account Number ▼

National Board of Medical Examiners

DA037176

9

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/Zip ▼

Alice J. Wooden Kelly, National Board of Medical Examiners
 3750 Market Street
 Philadelphia, PA 19104

Be sure to
give your
daytime phone
number.

Area Code & Telephone Number ▶

(215) 590-9535

CERTIFICATION I, the undersigned, hereby certify that I am the

Check one ▶

- author
 other copyright claimant
 owner of exclusive right(s)
 authorized agent of NBME and FSMB

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▼ If this is a published work, this date must be the same as or later than the date of publication given in space 3.

Alice J. Wooden Kelly, Director, Dept of Administration

date ▶ 7/27/1999

10

Handwritten signature (X)

Alice J. Wooden Kelly

National Board of Medical Examiners

Number/Street/Apartment Number ▼

3750 Market Street

City/State/ZIP ▼

Philadelphia PA 19104

Have you:

- Completed all necessary spaces?
- Signed your application in space 10?
- Enclosed check or money order for \$10 payable to Register of Copyrights?
- Enclosed your deposit material with the application and fee?

MAIL TO: Register of Copyrights,
Library of Congress, Washington,
D.C. 20559

11

- If at all possible, try to fit the information called for into the spaces provided on Form TX.
 - If you do not have space enough for all of the information you need to give on Form TX, use this continuation sheet and submit it with Form TX.
 - If you submit this continuation sheet, clip (do not tape or staple) it to Form TX and fold the two together before submitting them.
 - PART A of this sheet is intended to identify the basic application. PART B is a continuation of Space 2. PART C (on the reverse side of this sheet) is for the continuation of Spaces 1, 4, 6, or 7. The other spaces on Form TX call for specific items of information, and should not need continuation.

F	TX 5-021-440		
			
DTX9035821448*			
EFFECTIVE DATE OF REGISTRATION 7 28 99			
(Month)		(Day)	
(Year)			
CONTINUATION SHEET RECEIVED JUL 28 1999			
Page <u>3</u> of <u>4</u> pages			

DO NOT WRITE ABOVE THIS LINE. FOR COPYRIGHT OFFICE USE ONLY

A Identification of Application	<p>IDENTIFICATION OF CONTINUATION SHEET: This sheet is a continuation of the application for copyright registration on Form TX. submitte the following work:</p> <ul style="list-style-type: none"> • TITLE: (Give the title as given under the heading "Title of this Work" in Space 1 of Form TX.) United States Medical Licensing Examination Step 3 • NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): (Give the name and address of at least one copyright claimant as given in Space 4 of Form TX.) National Board of Medical Examiners, 3750 Market St., Phila., PA 19104.
---	---

 Continuation of Space 2	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No	DATES OF BIRTH AND DEATH Born _____ Died _____ (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of { or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No
	AUTHOR OF: (Briefly describe nature of this author's contribution)	If the answer to either of these questions "Yes," see detailed instructions attached.
	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No	DATES OF BIRTH AND DEATH Born _____ Died _____ (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of { or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No
	AUTHOR OF: (Briefly describe nature of this author's contribution)	If the answer to either of these questions "Yes," see detailed instructions attached
	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No	DATES OF BIRTH AND DEATH Born _____ Died _____ (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of { or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No
	AUTHOR OF: (Briefly describe nature of this author's contribution)	If the answer to either of these questions "Yes," see detailed instructions attached
	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No	DATES OF BIRTH AND DEATH Born _____ Died _____ (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of { or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No
	AUTHOR OF: (Briefly describe nature of this author's contribution)	If the answer to either of these questions "Yes," see detailed instructions attached

Use the reverse side of this sheet if you need more space for:

- Further continuation of Space 2
 - Continuation of Spaces 1, 4, 6, or 7 of Form TX

BContinuation
of Space 2**AUTHOR'S NATIONALITY OR DOMICILE:**Citizen of } or { Domiciled in
(Name of Country) (Name of Country)**WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:**Anonymous? Yes ... No
Pseudonymous? Yes ... No

If the answer to either of these questions is "Yes," see detailed instructions attached.

AUTHOR OF: (Briefly describe nature of this author's contribution)**NAME OF AUTHOR:**

Was this author's contribution to the work a "work made for hire"? Yes No.

DATES OF BIRTH AND DEATH:
Born Died
(Year) (Year)**AUTHOR'S NATIONALITY OR DOMICILE:**Citizen of } or { Domiciled in
(Name of Country) (Name of Country)**WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:**Anonymous? Yes ... No
Pseudonymous? Yes ... No

If the answer to either of these questions is "Yes," see detailed instructions attached.

AUTHOR OF: (Briefly describe nature of this author's contribution)**NAME OF AUTHOR:**

Was this author's contribution to the work a "work made for hire"? Yes No.

DATES OF BIRTH AND DEATH:
Born Died
(Year) (Year)**AUTHOR'S NATIONALITY OR DOMICILE:**Citizen of } or { Domiciled in
(Name of Country) (Name of Country)**WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:**Anonymous? Yes ... No
Pseudonymous? Yes ... No

If the answer to either of these questions is "Yes," see detailed instructions attached.

AUTHOR OF: (Briefly describe nature of this author's contribution)**NAME OF AUTHOR:**

Was this author's contribution to the work a "work made for hire"? Yes No.

DATES OF BIRTH AND DEATH:
Born Died
(Year) (Year)**AUTHOR'S NATIONALITY OR DOMICILE:**Citizen of } or { Domiciled in
(Name of Country) (Name of Country)**WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:**Anonymous? Yes ... No
Pseudonymous? Yes ... No

If the answer to either of these questions is "Yes," see detailed instructions attached.

AUTHOR OF: (Briefly describe nature of this author's contribution)CONTINUATION OF (Check which): Space 1 Space 4 Space 6 Space 7**C**Continuation
of other
Spaces

88 Books:

A1, A2, A3, A4

B1, B2, B3, B4, B5, B6, B7, B8, B9, B10, B11, B12, B13, B14, B15, B16

B17, B18, B19, B20, B21, B22, B23, B24, B25, B26, B27, B28, B29, B30,

B31, B32, B33, B34, B35, B36, B37, B38, B39, B40

C1, C2, C3, C4, C5, C6, C7, C8, C9, C10, C11, C12, C13, C14, C15, C16,

C17, C18, C19, C20, C21, C22, C23, C24, C25, C26, C27, C28, C29, C30,

C31, C32, C33, C34, C35, C36, C37, C38, C39, C40

D1, D2, D3, D4

CERTIFICATE OF REGISTRATION

537



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

FORM TX

For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

TXU 928-261

TXU000928261

EFFECTIVE DATE OF REGISTRATION

12 17 99

Month Day Year

REGISTER OF COPYRIGHTS
United States of America

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1

TITLE OF THIS WORK ▼

United States Medical Licensing Examination
Step 3 ExaminationPREVIOUS OR ALTERNATIVE TITLES ▼
N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

N/A

If published in a periodical or serial give: Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2

NAME OF AUTHOR ▼

a National Board of Medical Examiners

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

N/A N/A

Was this contribution to the work a "work made for hire"?

 Yes
 No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of ▶ USA

Domiciled in ▶ Philadelphia, PA

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes NoPseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions.

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see Instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

b

NAME OF AUTHOR ▼

Federation of State Medical Boards of the United States, Inc.

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

N/A N/A

Was this contribution to the work a "work made for hire"?

 Yes
 No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of ▶ USA

Domiciled in ▶ Euless, TX

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes NoPseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions.

c

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

N/A N/A

Was this contribution to the work a "work made for hire"?

 Yes
 No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of ▶

Domiciled in ▶

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes NoPseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions.

3**a**

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

1999

This information must be given in all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

b Complete this information Month ▶ Day ▶ Year ▶ Nation ▶

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼
 National Board of Medical Examiners, 3750 Market St., Phila., PA 19104
 (NBME) & Federation of State Medical Boards of the United States Inc.,
 400 Fuller Wiser Rd., Euless, TX 76039 (FSMB)

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

See instructions before completing this space.

APPLICATION RECEIVED

12/17/99

ONE DEPOSIT RECEIVED

DEC 17 1999

TWO DEPOSITS RECEIVED

FUNDS RECEIVED

DO NOT WRITE HERE
OFFICE USE ONLY

MORE ON BACK ▶ • Complete all applicable spaces (numbers 5-9) on the reverse side of this page.
 • See detailed instructions.
 • Sign the form at line 8.

DO NOT WRITE HERE
Page 1 of 4 pages

EXAMINED BY	FORM TX
CHECKED BY	
<input type="checkbox"/> CORRESPONDENCE	FOR COPYRIGHT OFFICE USE ONLY
<input checked="" type="checkbox"/> Yes	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate box.) ▼

- a. This is the first published edition of a work previously registered in unpublished form.
- b. This is the first application submitted by this author as copyright claimant.
- c. This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ►

Year of Registration ►

5

DERIVATIVE WORK OR COMPILATION

Predating Material Identify any preexisting work or works that this work is based on or incorporates. ▼

Previously published test items including pictorial material from test item pool. Pictorial material owned by others used with permission.

a 6

See instructions before completing this space.

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼
Newly authored test items, compilation, editorial selectivity, and revision of preexisting material.
Compilation of pictorial material.

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.
Name ▼ Account Number ▼

National Board of Medical Examiners

DA037176

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP ▼

Alice J. Wooden Kelly

National Board of Medical Examiners

3750 Market Street

Philadelphia, PA 19104

b

Area code and daytime telephone number ► (215) 590-9535

Fax number ► (215) 590-9755

Email ► awoodenkelly@mail.nbme.org

CERTIFICATION* I, the undersigned, hereby certify that I am the

Check only one ►

- author
- other copyright claimant
- owner of exclusive right(s)
- authorized agent of NBMB and FSMB

Name of author or other copyright claimant, or owner of exclusive right(s) △

8

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date.

Alice J. Wooden Kelly, Director, Department of Administration

Date ► 10/16/95

Handwritten signature OO ▼

X Alice J. Wooden Kelly

Certificate
will be
mailed in
window
envelope
to this
address:

Name ▼
Alice J. Wooden Kelly
National Board of Medical Examiners
Number/Street/Apt ▼
3750 Market Street
City/State/ZIP ▼
Philadelphia, PA 19104

YOU MUST	• Complete all necessary spaces • Sign your application in space 8
REGISTRATION FEE ONE DOLLAR FIVE MILLION DOLLARS	
1. Application form	
2. Nonrefundable filing fee in check or money order As of payable to Register of Copyrights July 1, 1999.	
3. Deposit material 1999, the filing fee for Form TX is \$36.	
MAIL TO	Library of Congress Copyright Office 101 Independence Avenue, S.E. Washington, D.C. 20559-6000

9

*17 U.S.C. § 506(a): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 408, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

CONTINUATION SHEET FOR APPLICATION FORMS

- This Continuation Sheet is used in conjunction with Forms CA, PA, SE, SR, TX, and VA, only. Indicate which basic form you are continuing in the space in the upper right-hand corner.
- If at all possible, try to fit the information called for into the spaces provided on the basic form.
- If you do not have enough space for all the information you need to give on the basic form, use this Continuation Sheet and submit it with the basic form.
- If you submit this Continuation Sheet, clip (do not tape or staple) it to the basic form and fold the two together before submitting them.
- Space A of this sheet is intended to identify the basic application. Space B is a continuation of Space 2 on the basic application. Space B is not applicable to Short forms. Space C (on the reverse side of this sheet) is for the continuation of Spaces 1, 4, or 6 on the basic application or for the continuation of Space 1 on any of the three Short Forms PA, TX, or VA.

DO NOT WRITE ABOVE THIS LINE. FOR COPYRIGHT OFFICE USE ONLY

FORM /CON
UNITED STATES COPYRIGHT OFFICE

TXu 928 - 261

#TXU000928261#

PA/Pause DEG DEY SDR SDRU I A U V Y W L

EFFECTIVE DATE OF REGISTRATION

(Month) (Day) (Year)

CONTINUATION SHEET RECEIVED

Page 3 of 4 pages

A
Identification
of
Application

IDENTIFICATION OF CONTINUATION SHEET: This sheet is a continuation of the application for copyright registration on the basic form submitted for the following work:

- TITLE: (Give the title as given under the heading "Title of this Work" in Space 1 of the basic form.)
United States Medical Licensing Examination Step 3

- NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): (Give the name and address of at least one copyright claimant as given in Space 4 of the basic form or Space 2 of any of the Short Forms PA, TX, or VA.)
National Board of Medical Examiners, 3750 Market St., Phila., PA 19104

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

d

B Was this contribution to the work AUTHOR'S NATIONALITY OR DOMICILE a "work made for hire"? Name of County

- Yes
 No

OR Citizen of ► _____
Domiciled in ► _____

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions.
Pseudonymous? Yes No

Continuation
of Space 2

NATURE OF AUTHORSHIP Briefly describe nature of the material created by the author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

e

Was this contribution to the work AUTHOR'S NATIONALITY OR DOMICILE a "work made for hire"? Name of County

- Yes
 No

OR Citizen of ► _____
Domiciled in ► _____

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions.
Pseudonymous? Yes No

NATURE OF AUTHORSHIP Briefly describe nature of the material created by the author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼ Year Died ▼

f

Was this contribution to the work AUTHOR'S NATIONALITY OR DOMICILE a "work made for hire"? Name of County

- Yes
 No

OR Citizen of ► _____
Domiciled in ► _____

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions.
Pseudonymous? Yes No

NATURE OF AUTHORSHIP Briefly describe nature of the material created by the author in which copyright is claimed. ▼

Use the reverse side of this sheet if you need more space for continuation of Spaces 1, 4, or 6 of the basic form or for the continuation of Space 1 on any of the Short Forms PA, TX, or VA.

CONTINUATION OF (Check which): Space 1 Space 4 Space 6

2 Books

Multiple Choice Question Component

Primum CCS Component

C

Continuation
of other
Spaces

Certificate
will be
mailed in
window
envelope
to this
address:

Name ▼
Alice J. Wooden Kelly
National Board of Medical Examiners
Number/Street/Apt ▼
3750 Market Street
City/State/Zip ▼
Philadelphia, PA 19104

YOU MUST
• Complete all necessary spaces
• Sign your application!

SEND ALL DOCUMENTS
IN THE SAME ENVELOPE
1. Application form
2. Nonrefundable fee in check or
money order payable to Register
of Copyrights
3. Deposit Material

MAIL TO:
Library of Congress, Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20559-6000

D

Fees are effective
through June 30,
2002. After that date,
check the Copyright
Office Website at
www.loc.gov/copyright
or call (202)
707-3000 for current
fee information.



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

FORM IX
UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

TX 4-838-008



EFFECTIVE DATE OF REGISTRATION

7 30 98
Month Day Year

REGISTER OF COPYRIGHTS
United States of America

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK ▼

United States Medical Licensing Examination Step 3

PREVIOUS OR ALTERNATIVE TITLES ▼

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

N/A

If published in a periodical or serial give: Volume ▼

Number ▼

Issue Date ▼

On Pages ▼

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

a National Board of Medical Examiners

N/A

N/A

Was this contribution to the work a "work made for hire"? **AUTHOR'S NATIONALITY OR DOMICILE**

Yes

Name of Country **U.S.A.**

No

OR { Citizen of ► **U.S.A.**
Domiciled in ► **Philadelphia, PA**

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No

Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions.

b NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼
Co-Author of entire text.

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

b The Federation of State Medical Boards, Inc.

N/A

N/A

Was this contribution to the work a "work made for hire"? **AUTHOR'S NATIONALITY OR DOMICILE**

Yes

Name of Country **U.S.A.**

No

OR { Citizen of ► **U.S.A.**
Domiciled in ► **Euless, TX**

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No

Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions.

b NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼
Co-Author of entire text.

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

c Was this contribution to the work a "work made for hire"? **AUTHOR'S NATIONALITY OR DOMICILE**

Yes

Name of Country

No

OR { Citizen of ► _____
Domiciled in ► _____

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No

Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions.

c NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED This information must be given in all cases.

1998

◀ Year

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information Month ► May Day ► 12 Year ► 1998 Nation ►

ONLY if this work has been published.

U.S.A.

◀ Nation

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2.▼

National Board of Medical Examiners, 3750 Market St.

Philadelphia, PA 19104 (NBME)

The Federation of State Medical Boards, Inc.

400 Fuller Wiser Road, Euless, TX 76039 (FSMB)

TRANSFER If the claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.▼

APPLICABLE RECEIVED
JUL 30 1998

ONE DEPOSIT RECEIVED
JUL 30 1998

TWO DEPOSITS RECEIVED

REMITTANCE NUMBER AND DATE

DO NOT WRITE HERE
OFFICE USE ONLY

MORE ON BACK ▶

• Complete all applicable spaces (numbers 5-11) on the reverse side of this page.
• See detailed instructions.

• Sign the form at line 10.

DO NOT WRITE HERE
PAGE 1 OF 4 NAMES

EXAMINED BY

OFW

FORM TX

CHECKED BY

 CORRESPONDENCEFOR
COPYRIGHT
OFFICE
USE
ONLY Yes
 DEPOSIT ACCOUNT
 FUNDS USED

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

- Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼
 This is the first published edition of a work previously registered in unpublished form.
 This is the first application submitted by this author as copyright claimant.
 This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▼

Year of Registration ▼

5

DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.

- a. Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼
 Previously published test items from test item pool.

6

- b. Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼
 Newly authored test items and compilation, editorial selectivity, and revision of preexisting material.

See instructions
before completing
this space.**MANUFACTURERS AND LOCATIONS** If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.

Names of Manufacturers ▼

Places of Manufacture ▼

7

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY HANDICAPPED INDIVIDUALS

A signature on this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a reading of that work; or (3) both.

a Copies and Phonorecordsb Copies Onlyc Phonorecords Only

See instructions.

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.
Name ▼

Account Number ▼

8

National Board of Medical Examiners

DA037176

See instructions.

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/Zip ▼

Alice J. Wooden Kelly, National Board of Medical Examiners
 3750 Market Street
 Philadelphia, PA 19104

Area Code & Telephone Number ▼ (215) 590-9535

Be sure to
give your
daytime phone
number.

9

CERTIFICATION* I, the undersigned, hereby certify that I am the

Check one ▶

- author
 other copyright claimant
 owner of exclusive right(s)
 authorized agent of NBME and FSMB

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

if the work identified in this application and that the statements made

by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▼ If this is a published work, this date must be the same as or later than the date of publication given in space 3.

Alice J. Wooden Kelly, Director, Dept of Administration

date ▼

7/29/98

10

Handwritten signature (X) ▼

Alice J. Wooden Kelly

MAIL
CERTIFI-
CATE TO

Name ▼	Alice J. Wooden Kelly National Board of Medical Examiners
Number/Street/Apartment Number ▼	3750 Market Street
City/State/ZIP ▼	Philadelphia PA 19104

Have you:

- Completed all necessary spaces?
 - Signed your application in space 10?
 - Enclosed check or money order for \$10 payable to Register of Copyrights?
 - Enclosed your deposit material with the application and fee?
- MAIL TO: Register of Copyrights,
Library of Congress, Washington,
D.C. 20559.

11

- If at all possible, try to fit the information called for into the spaces provided on Form TX.
- If you do not have space enough for all of the information you need to give on Form TX, use this continuation sheet and submit it with Form TX.
- If you submit this continuation sheet, clip (do not tape or staple) it to Form TX and fold the two together before submitting them.
- PART A** of this sheet is intended to identify the basic application. **PART B** is a continuation of Space 2. **PART C** (on the reverse side of this sheet) is for the continuation of Spaces 1, 4, 6, or 7. The other spaces on Form TX call for specific items of information, and should not need continuation.

TX 4-838-008



EFFECTIVE DATE OF REGISTRATION		
7	30	98
(Month)	(Day)	(Year)
CONTINUATION SHEET RECEIVED		
JUL 30 1998		
Page 3 of 4 pages		

DO NOT WRITE ABOVE THIS LINE. FOR COPYRIGHT OFFICE USE ONLY

A	IDENTIFICATION OF CONTINUATION SHEET: This sheet is a continuation of the application for copyright registration on Form TX, submitted in the following work:	
Identification of Application	<ul style="list-style-type: none"> TITLE: (Give the title as given under the heading "Title of this Work" in Space 1 of Form TX.) United States Medical Licensing Examination Step 3 	
	<ul style="list-style-type: none"> NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): (Give the name and address of at least one copyright claimant as given in Space 4 of Form TX.) National Board of Medical Examiners, 3750 Market St., Phila., PA 19104 	

B Continuation of Space 2	NAME OF AUTHOR:		DATES OF BIRTH AND DEATH	
	Was this author's contribution to the work a "work made for hire"? Yes _____ No _____		Born _____ Died _____	
	AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:	
	Citizen of _____ { or Domiciled in _____ (Name of Country) }			
	AUTHOR OF: (Briefly describe nature of this author's contribution)		Anonymous? Yes _____ No _____ Pseudonymous? Yes _____ No _____	
		If the answer to either of these questions is "Yes," see detailed instructions attached.		
NAME OF AUTHOR:		DATES OF BIRTH AND DEATH		
Was this author's contribution to the work a "work made for hire"? Yes _____ No _____		Born _____ Died _____		
AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:		
Citizen of _____ { or Domiciled in _____ (Name of Country) }				
AUTHOR OF: (Briefly describe nature of this author's contribution)		Anonymous? Yes _____ No _____ Pseudonymous? Yes _____ No _____		
		If the answer to either of these questions is "Yes," see detailed instructions attached.		
NAME OF AUTHOR:		DATES OF BIRTH AND DEATH		
Was this author's contribution to the work a "work made for hire"? Yes _____ No _____		Born _____ Died _____		
AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:		
Citizen of _____ { or Domiciled in _____ (Name of Country) }				
AUTHOR OF: (Briefly describe nature of this author's contribution)		Anonymous? Yes _____ No _____ Pseudonymous? Yes _____ No _____		
		If the answer to either of these questions is "Yes," see detailed instructions attached.		
NAME OF AUTHOR:		DATES OF BIRTH AND DEATH		
Was this author's contribution to the work a "work made for hire"? Yes _____ No _____		Born _____ Died _____		
AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:		
Citizen of _____ { or Domiciled in _____ (Name of Country) }				
AUTHOR OF: (Briefly describe nature of this author's contribution)		Anonymous? Yes _____ No _____ Pseudonymous? Yes _____ No _____		
		If the answer to either of these questions is "Yes," see detailed instructions attached.		

Use the reverse side of this sheet if you need more space for:

- Further continuation of Space 2
- Continuation of Spaces 1, 4, 6, or 7 of Form TX

NAME OF AUTHOR:		DATES OF BIRTH AND DEATH:
Was this author's contribution to the work a "work made for hire"? Yes . . . No . . .		Born Died (Year) (Year)
AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:
Citizen of { or { Domiciled in (Name of Country) (Name of Country)		Anonymous? Yes No Pseudonymous? Yes No
AUTHOR OF: (Briefly describe nature of this author's contribution)		If the answer to either of these questions is "Yes," see detailed instructions attached.
NAME OF AUTHOR:		DATES OF BIRTH AND DEATH:
Was this author's contribution to the work a "work made for hire"? Yes . . . No . . .		Born Died (Year) (Year)
AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:
Citizen of { or { Domiciled in (Name of Country) (Name of Country)		Anonymous? Yes No Pseudonymous? Yes No
AUTHOR OF: (Briefly describe nature of this author's contribution)		If the answer to either of these questions is "Yes," see detailed instructions attached.
NAME OF AUTHOR:		DATES OF BIRTH AND DEATH:
Was this author's contribution to the work a "work made for hire"? Yes . . . No . . .		Born Died (Year) (Year)
AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:
Citizen of { or { Domiciled in (Name of Country) (Name of Country)		Anonymous? Yes No Pseudonymous? Yes No
AUTHOR OF: (Briefly describe nature of this author's contribution)		If the answer to either of these questions is "Yes," see detailed instructions attached.

CONTINUATION OF (Check which) Space 1 Space 4 Space 6 Space 7

B

Continuation
of Space 2

C

Continuation
of other
Spaces

56 Books:

A1, A2, A3, A4

B1, B2, B3, B4, B5, B6, B7, B8, B9, B10, B11, B12, B13, B14, B15
B16, B17, B18, B19, B20, B21, B22, B23, B24C1, C2, C3, C4, C5, C6, C7, C8, C9, C10, C11, C12, C13, C14, C15
C16, C17, C18, C19, C20, C21, C22, C23, C24

D1, D2, D3, D4

CERTIFICATE OF REGISTRATION

547

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

TX 4-958-938

#TX0004958938#



OFFICIAL SEAL

This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

REGISTER OF COPYRIGHTS
United States of America

EFFECTIVE DATE OF REGISTRATION

2 34 99

Month

Day

Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK ▼

United States Medical Licensing Examination

Step 3

PREVIOUS OR ALTERNATIVE TITLES ▼

N/A

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

N/A

If published in a periodical or serial give: Volume ▼

Number ▼

Issue Date ▼

On Pages ▼

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

N/A

N/A

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No
Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions

a National Board of Medical Examiners

Was this contribution to the work a "work made for hire"?
 Yes
 No

AUTHOR'S NATIONALITY OR DOMICILE
 Name of Country: U.S.A.
 Citizen of: U.S.A.

OR Domiciled in: Philadelphia, PA

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed.
 Co-Author of entire text.

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

N/A

N/A

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No
Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions

b The Federation of State Medical Boards, Inc.

Was this contribution to the work a "work made for hire"?
 Yes
 No

AUTHOR'S NATIONALITY OR DOMICILE
 Name of Country: U.S.A.
 Citizen of: U.S.A.

OR Domiciled in: Euless, TX

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed.
 Co-Author of entire text.

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

N/A

N/A

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No
Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions

c

Was this contribution to the work a "work made for hire"?
 Yes
 No

AUTHOR'S NATIONALITY OR DOMICILE
 Name of Country: Citizen of: U.S.A.
 OR Domiciled in:

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed.

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

This information must be given ONLY if this work has been published.

1998

◀ Year

in all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information Month ▶ December Day ▶ 1 Year ▶ 1998

◀ Nation

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2.▼

National Board of Medical Examiners, 3750 Market St.

Philadelphia, PA 19104 (NBME)

The Federation of State Medical Boards, Inc.

400 Fuller Wiser Road, Euless, TX 76039 (FSMB)

TRANSFER If the claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.▼

APPLICATION RECEIVED

FEB. 24, 1999

ONE DEPOSIT RECEIVED

FEB. 24, 1999

TWO DEPOSITS RECEIVED

REMITTANCE NUMBER AND DATE

FEB. 24, 1999

REMITTANCE NUMBER AND DATE

EXAMINED BY
J.C.

FORM TX

CHECKED BY

 CORRESPONDENCE

Yes

 DEPOSIT ACCOUNT
FUND'S USEDFOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?| Yes If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼

| This is the first published edition of a work previously registered in unpublished form.

| This is the first application submitted by this author as copyright claimant.

| This is a changed version of the work, as shown by space 6 on this application.

your answer is "Yes," give: Previous Registration Number ▼

Year of Registration ▼

5

DERIVATIVE WORK OR COMPILED Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.**Preexisting Material** Identify any preexisting work or works that this work is based on or incorporates. ▼

Previously published test items from test item pool.

6

MATERIAL ADDED TO THIS WORK Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

Newly authored test items and compilation, editorial selectivity, and revision of preexisting material.

See instructions
before completing
this space.**MANUFACTURERS AND LOCATIONS** If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.

Names of Manufacturers ▼

Places of Manufacture ▼

7

PRODUCTION FOR USE OF BLIND OR PHYSICALLY HANDICAPPED INDIVIDUALS A signature on this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind or physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a reading of that work; or (3) both.a Copies and Phonorecordsb Copies Onlyc Phonorecords Only

See instructions.

8

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account. ▼

Account Number ▼

9

National Board of Medical Examiners

DA037176

Be sure to
give your
daytime phone
number.**RESPONDENCE** Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/Zip ▼

Alice J. Wooden Kelly, National Board of Medical Examiners

3750 Market Street

Philadelphia, PA 19104

Area Code & Telephone Number ▶ (215) 590-9535

CERTIFICATION I, the undersigned, hereby certify that I am the

Check one ▶

- author
 other copyright claimant
 owner of exclusive right(s)
 authorized agent of NBME and FSMB

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

the work identified in this application and that the statements made in this application are correct to the best of my knowledge.

10

and or printed name and date ▼ If this is a published work, this date must be the same as or later than the date of publication given in space 3.

Alice J. Wooden Kelly, Director, Dept of Administration

date ▶ 2/23/99

Handwritten signature (X) ▼

Alice J. Wooden Kelly

11

Name ▼ Alice J. Wooden Kelly National Board of Medical Examiners	Have you: <ul style="list-style-type: none"> • Completed all necessary spaces? • Signed your application in space 10? • Enclosed check or money order for \$10 payable to Register of Copyrights? • Enclosed your deposit material with the application and fee?
Number/Street/Apartment Number ▼ 3750 Market Street	MAIL TO: Register of Copyrights, Library of Congress, Washington, D.C. 20559.
City/State/ZIP ▼ Philadelphia PA 19104	

18 U.S.C. § 506(a): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

If at all possible, try to fit the information called for into the spaces provided on Form TX.

If you do not have space enough for all of the information you need to give on Form TX, use this continuation sheet and submit it with Form TX.

If you submit this continuation sheet, clip (do not tape or staple) it to Form TX and fold the two together before submitting them.

PART A of this sheet is intended to identify the basic application. PART B is a continuation of Space 2. PART C (on the reverse side of this sheet) is for the continuation of Spaces 1, 4, 6, or 7. The other spaces on Form TX call for specific items of information, and should not need continuation.

TX 4-958-938

TX0884958938a

EFFECTIVE DATE OF REGISTRATION

2 34 99
(Month) (Day) (Year)

CONTINUATION SHEET RECEIVED

FEB. 24, 1999

Page 3 of 4 pages

DO NOT WRITE ABOVE THIS LINE. FOR COPYRIGHT OFFICE USE ONLY

A	IDENTIFICATION OF CONTINUATION SHEET: This sheet is a continuation of the application for copyright registration on Form TX, submitted to the following work: <ul style="list-style-type: none"> • TITLE: (Give the title as given under the heading "Title of this Work" in Space 1 of Form TX.) United States Medical Licensing Examination Step 3. <ul style="list-style-type: none"> • NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): (Give the name and address of at least one copyright claimant as given in Space 4 of Form TX.) National Board of Medical Examiners, 3750 Market St., Phila., PA 19104.
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B continuation of Space 2	NAME OF AUTHOR: <input type="checkbox"/> Was this author's contribution to the work a "work made for hire"? Yes No	DATES OF BIRTH AND DEATH Born _____ Died _____ (Year) (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached.
	AUTHOR OF: (Briefly describe nature of this author's contribution)	
	NAME OF AUTHOR: <input type="checkbox"/> Was this author's contribution to the work a "work made for hire"? Yes No	DATES OF BIRTH AND DEATH Born _____ Died _____ (Year) (Year)
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AUTHOR OF: (Briefly describe nature of this author's contribution)		

Use the reverse side of this sheet if you need more space for:

- Further continuation of Space 2
- Continuation of Spaces 1, 4, 6, or 7 of Form TX

BContinuation
of Space 2

Was this author's contribution to the work a "work made for hire"? Yes. No.

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(Name of Country) (Name of Country)**WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:**

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AUTHOR OF: (Briefly describe nature of this author's contribution)CONTINUATION OF (Check which): Space 1 Space 4 Space 6 Space 7

72 Books:

A1, A2, A3, A4

B1, B2, B3, B4, B5, B6, B7, B8, B9, B10, B11, B12, B13, B14, B15, B16, B17
B18, B19, B20, B21, B22, B23, B24, B25, B26, B27, B28, B29, B30, B31, B32C1, C2, C3, C4, C5, C6, C7, C8, C9, C10, C11, C12, C13, C14, C15, C16, C17
C18, C19, C20, C21, C22, C23, C24, C25, C26, C27, C28, C29, C30, C31, C32

D1, D2, D3, D4

CContinuation
of other
Spaces